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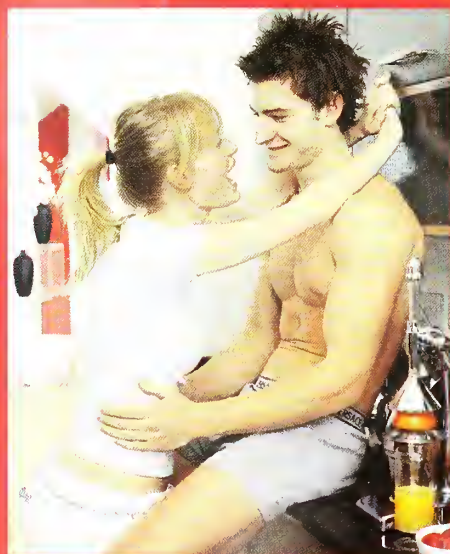
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**Overwhelming
'yes' vote for
new contract**

**Shortage of
pharmacists is
a 'time bomb'**

**Kodak quits
photo finishing
in UK market**

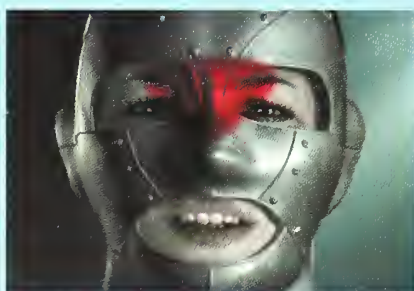
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More than 90 per cent of the pharmacy contractors in England and Wales who took part in the ballot have voted in favour of the service framework and funding arrangements for the new pharmacy contract

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A massive potential shortfall in pharmacists has been identified in Essex—and a similar picture is emerging in other parts of the UK, a Workforce Development Confederation conference was told

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A recent spate of acquisitions will see the Day Lewis pharmacy chain claim a century on December 1: its number of outlets expanded to 103 and the target is 200 pharmacies by 2009

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Kodak is closing its five UK wholesale photofinishing laboratories and its associated photofinishing head office and call centre in the UK over the next 12 months, at a cost of 500 jobs



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**NEW
Inside**



England and Wales say yes to contract

by Gary Paragpuri

gparagpuri@cmpinformation.com

An overwhelming majority of pharmacy contractors in England and Wales have voted in favour of the service framework and funding arrangements for the new pharmacy contract.

In England, 73.8 per cent of pharmacies took part in the ballot with 92.3 per cent voting in favour; and in Wales, 75.4 per cent of pharmacies took part with 95 per cent voting in favour.

Both PSNC and the DoH welcomed the ballot result. PSNC chief executive Sue Sharpe described the result as "powerful evidence that contractors are keen to develop high quality modern patients services".

She added that subject to reaching agreement on outstanding details with the DoH

and the NHS Confederation, the contract was on target for an April 1 start date next year.

Secretary of state John Reid and health minister Rosie Winterton both expressed delight at the ballot result. Dr Reid said the new contract would mark the beginning of a new era for pharmacy in the community. He added: "From April, patients will gain a better, more flexible service from their local pharmacist and a broader range of services such as smoking cessation and healthy living advice. This deal is part of a bigger reform agenda where more health services are provided by a more diverse range of providers giving greater choice for patients and more convenient access to services."

Echoing Dr Reid's comments, Ms Winterton said: "[The result] shows real enthusiasm for the

changes that we are making to the way that the pharmacy services are delivered. Pharmacists have shown they strongly support the changes and the modernisation of the way the NHS delivers its primary care.

"It is extremely good news also for patients who will be able to get additional services from their pharmacists and will be able to take advantage of more easily accessible care which will be more closely integrated in the future with the rest of the NHS."

Ms Sharpe added that PSNC would work with the DoH and the NHS Confederation on implementing the contract. PSNC will help contractors during transition to the new services and will build the collaboration with PCTs and GPs to ensure the contract is a success.

Contractors balloted on NI contract

Northern Ireland contractors are being balloted on the proposed service framework of their new pharmacy contract (*C&D*, September 4, p5).

If pharmacists vote in favour, the Pharmaceutical Contractors' Committee will start negotiating funding and service specifications explained PLC chairman Sheelmin McKeagney.

A final contractors' ballot would be held to determine support for the full draft contract once these details were agreed, he said.

Voting papers were despatched following consultation meetings held in Belfast and Cookstown last week. Mr McKeagney said: "We were very pleased with the turnout and people seem to be taking an interest. There were lots of questions but no suggestions, and the response has been very positive so far."

The ballot result will be known by the end of next month.

PCO toolkit launched

The National Pharmaceutical Association has launched a toolkit to help primary care organisations write and implement a community pharmacy strategy.

Written with Keele University and Webstar Health, the document provides guidance and tips from NHS organisations that have already started the process.

NPA NHS service development assistant head Claire Jones said the toolkit was timely in light of

the new pharmacy contract, changes to control of entry regulations and the introduction of supplementary prescribing and LPS pilots.

Webstar Health's Gianpiero Celino said: "PCOs are currently facing a huge agenda in terms of supporting and developing community pharmacy. This toolkit will enable PCOs to develop a managed approach to support community pharmacy."

Keele University's Alison Blenkinsopp recommended using the NPA document with the pharmaceutical needs assessment toolkit that has been developed by the National Primary and Care Trust Development Programme (NatPaCT) and the Department of Health (*C&D*, October 9, p6).

The needs assessment toolkit is available at www.natpact.nhs.uk/cms/301.php.

Partial Welsh devolution sought

Pharmacy organisations have called for decisions affecting health matters in Wales to be devolved to the Society's Welsh executive.

This move is vital if the needs of pharmacy contractors in Wales are to be addressed, and would not preclude consideration of national issues.

The RPSGB should only take action if it is likely to be more

effective than that taken at national (Welsh) level, the RPSiW and Community Pharmacy Wales have said in response to the Society's devolution review.

Other points raised include:

- Ensuring any devolution decision made is cost-neutral and adds value to contractors.
- Maintaining the current level of access to education and

competence assessment.

- Tailoring practice to Welsh requirements and implementing standards at a devolved level.
- Retaining a unified approach to pre-registration education, training and registration.
- Considering relocation of central RPSGB departments to Wales and Scotland to reduce the perceived dominance of the England agenda.

C&D

Beauty Counter launch

Included with this week's issue of *C&D* is *Over The Counter* and its new beauty supplement specifically written for pharmacy assistants, *Beauty Counter*.

The successful redesign of *OTC* last year allowed us to incorporate *Beauty Counter* as a section within *OTC*. But as *OTC* has grown, we have pulled the beauty pages out to make a new regular supplement.

Beauty Counter covers beauty products sold through community pharmacies, as opposed to other outlets. It will look at fragrances, cosmetics and toiletries, in a range of features and product news stories.

The redesign within *OTC* also means that we will be including a new section aimed especially at pharmacy technicians, *OTC Plus*. This will cover a range of topics relating to practice as well as medicines





Shipman doctors face hearing

Six doctors faced charges of serious professional misconduct this week for failing to question an unusually high death rate among Harold Shipman's patients.

Five GPs appeared before the General Medical Council's professional conduct committee accused of failing to carry out necessary checks on the murderer's paperwork. It was alleged they continued to countersign cremation forms without questioning the rising death toll. A sixth doctor, who has retired, did not attend the hearing.

The case was continuing as C&D went to press.

Resource pack for diabetes

PSNC has launched a diabetes resource pack for community pharmacists.

The National Service Framework for Diabetes – a guide for community pharmacists builds on a previous PSNC publication on diabetes and includes updated information on NSF service specifications and related NHS policy and publications.

The resource gives practical guidance and highlights areas such as multidisciplinary working. It also has examples of services related to the NSF standards.

The resource, which can be downloaded from PSNC's website at www.PSNC.org.UK/resources, is the third in a series of 'NSF' guides for community pharmacists.

Pharmacist shortage is a 'time bomb' in Essex

by Adrienne de Mont

ademont@cmpinformation.com

Essex has a massive potential shortfall in pharmacists – and a similar picture is emerging in other parts of the UK, a conference heard on Monday. PCTs will have to act promptly to risk a collapse in service provision, an audit report commissioned by the Essex Workforce Development Confederation has concluded. Referring to the report's findings as a "time bomb", John Stanley, Essex LPC chief executive, said lack of staffing could "trip up" the new contract. The report identified a potential shortfall of 274 pharmacists in the community sector alone, which is most the total number of pharmacies in Essex (283). The calculation takes into account pharmacists wanting to reduce their working hours, those intending to take on extra roles who would need a second pharmacist, and the possible new pharmacies

opening 100 hours a week.

The average Essex pharmacist works 40 hours a week, but 19 per cent work 50 hours or more.

"How are we going to implement the pharmacy contract with that degree of stress and strain already?" he asked a WDC conference in Stock.

Essex has a relatively high proportion of older pharmacists, with 22 per cent planning to retire over the next decade and nearly a third in 15 years. A fifth of pharmacists intend to retire before they are 56.

"We don't have the workforce to address the existing structure, let alone the new contract," Mr Stanley warned.

A solution would be to change ways of working and delegate some traditional pharmacist jobs to technicians. The survey found that 58 per cent of dispensers had a recognised qualification and 42 per cent are working towards a first or second one. Nearly three quarters are interested in accuracy checking and

44 per cent in repeat dispensing.

Karen Hassell, senior research fellow, University of Manchester centre for pharmacy workforce studies, outlined the national picture from the RPSGB's 2002-03 censuses. Less than half of all registered pharmacists work full-time in pharmacy-related jobs; 30 per cent are not working at all or are in non-pharmacy jobs.

Further research in Manchester, Gloucestershire and Shropshire has shown similar problems.

A key message from the conference workshops was that PCTs could help with recruitment by advertising for support staff and pre-registration pharmacists, and save pharmacists' time by carrying out initial interviews. The Essex WDC report also suggested exploring with employers how to offer pharmacy staff protected learning time at work for CPD, which 71 per cent of pharmacists cited as a way of improving their working lives.

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Kodak quits UK photofinishing

Kodak is to quit photofinishing in the UK by the end of next year.

The company is closing its five UK wholesale photofinishing laboratories and its associated photofinishing head office and call centre in the UK over the next 12 months, at a cost of 500 jobs.

This follows the closure last month of film-making factories in Nottinghamshire, and is part of the announced three-year programme of cuts that will see between 12,000 and 15,000 staff leave the company worldwide.

This round of closures will affect photofinishing laboratories in Glasgow, Walsall, Wimbledon, Portishead and Northampton, where the head photofinishing call centre and head office are based.

Existing Kodak customers have been offered equivalent Kodak-

branded developing and printing services from North London-based Grunwick Processing Laboratories Ltd, a long-time Kodak supplier, which is offering a 72-hour service.

Kodak's minilab businesses are unaffected by the move, which Kodak says follows the 30 per cent fall-off in photofinishing volumes seen this year. James McConnell, UK general manager for digital and film imaging systems, said: "The simple fact is that customer preferences are changing and demand for wholesale photofinishing has fallen with the rising popularity of digital photography.

"What remains [of film processing] is being processed on retailers' premises using minilabs."

SSL wrongfoots pharmacy as footwear sales slide

Pharmacies will remain a key distribution channel for Scholl footwear, although other image-building retailers will be brought in, in a bid to revive the division's fortunes, SSL has revealed.

In its interim results to the end of September, SSL reported sales at the footwear division down 5.1 per cent to £30 million, after years of almost exclusive pharmacy distribution failed to capture consumers' retail imaginations. An SSL spokesman said: "If a consumer is thinking about buying shoes, then they are not thinking about going to their pharmacy." In a bid to attract younger consumers, SSL has repositioned the range into three subranges, two of which – the Freedom and the Therapeutics ranges – will be available for pharmacy retail. The fashion range, Urban, will be reserved

for image-building accounts.

Pharmacies could also be selling the new three-line range of vibrators to be launched next year under the Durex range. Although SSL admits it has gained from grocery distribution, it is not, as yet, ruling out pharmacy availability for the new lines.

Over the six-month period, Durex turned in sales of £67.6m, up 3 per cent on the previous year.

Footcare and locally owned brands (including OTC medicines) reported sales up 3.7 per cent and 4.1 per cent respectively. Overall group profits were up 50 per cent to £19m.

● *The Daily Telegraph* reported that 14.5m SSL shares changed hands on Tuesday (normally nearer 2m). Reckitt Benckiser was suggested as a possible buyer after takeover bid rumours surfaced.

Numark offers toolkit to help with clinical governance

Numark has launched a toolkit to help pharmacists implement the clinical governance requirements under the new contract.

Available free to Numark members participating in its Extend programme, the toolkit contains templates and guidance notes enabling pharmacists to carry out clinical governance.

The toolkit, which is available in modules, will be rolled out as:

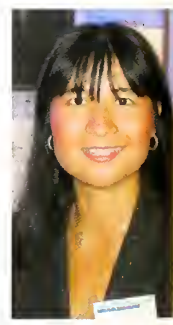
- November – practice leaflet, owings and complaints procedures, SOPs, health and safety policies. CPD, complying with the *Disability Discrimination Act*.
- December – reporting and analysing errors and near misses.
- January – using information, including the *Data Protection Act*, and confidentiality.
- February – staffing

and staff management.

- March – clinical audits, clinical effectiveness programmes.

Professional services controller Mimi Lau, right, said that although many of the essential services in the new contract were straightforward, some contractors would find implementing clinical governance challenging: "We believe that some pharmacists have been waiting for details of

the contract before thinking about their procedures. Now that the details are clear they really need to take steps now to prepare."



Questiontime

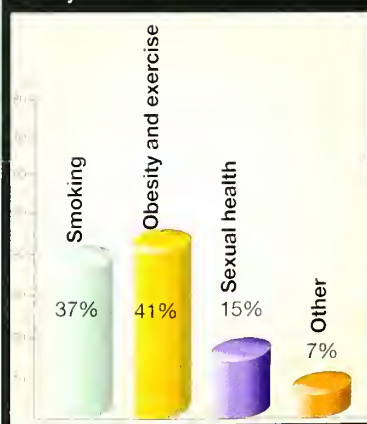
Last week we asked: Given the choice, which public health issue would you most like to tackle? You replied (see right):

This week's question: Which of the following will best address the shortage of pharmacists?

- Increase salary ● Improve working conditions
- Increase support staff ● Hand over dispensing role to technicians

You can record your vote on our website: mmm.dotpharmacy.com. You have until noon on November 30 to cast your vote. We will publish the results in *C&D*, December 4.

What you told us



Action on deprivation

The initiatives identified in the Government's White Paper will be piloted first in England's 88 most health-deprived areas, health secretary John Reid has announced.

The 88 'spearhead' PCTs will be the first to get funding to provide services such as health trainers and enhanced stop smoking services, Dr Reid said. The areas were identified using data on deprivation, mortality from cancer and heart disease, as well as life expectancy.

For more information:

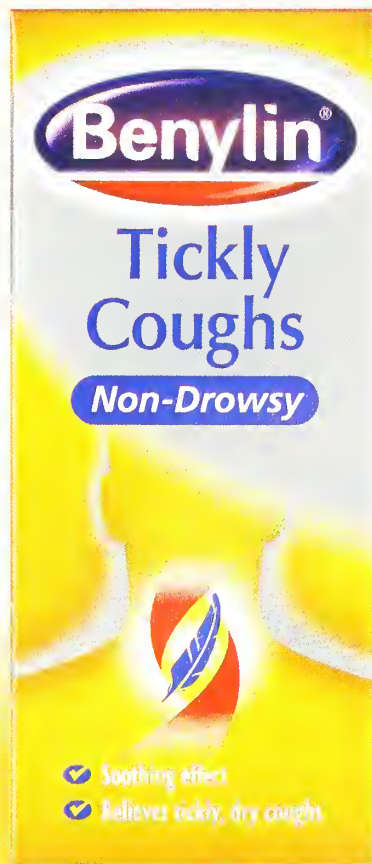
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RPSGB tackles leadership

The Royal Pharmaceutical Society has announced plans to develop pharmacists as leaders.

The programme, which has yet to be finalised, will run initially as a pilot, delegates at last week's leadership meeting for Pharmacy Development Groups held at the RPSGB's Lambeth offices, were told. Leadership skills will help pharmacists lead the profession in a professional manner, and gather support so they are not leading a "phantom army", said RPSGB professional leadership head Anne Adams.

Christina Pond, NHS national programme director for team and network leadership, said leaders help others deal with change, by facing and championing change themselves. "Leaders stimulate motivation to change simply by being able to think beyond the immediate."

They make connections for people and make it real, she added.

Health economics consultant Darrin Baines warned the



audience "if you want to make a difference in pharmacy get in one [a network] just starting out" as many networks were mature and impenetrable to newcomers. He recommended pharmacists approach their PCT as a network and "who knows who" is the most important question. "People working outside the PCT may have more influence on the PCT compared to those in the PCT," he said.

Smallpox readiness

Health minister Lord Warner has announced that procurement for vaccinia immune globulin (VIG) is being launched to increase stocks against a possible epidemic of smallpox.

He told Lord Jopling in a written Lords reply: "The Government currently has a stockpile of over 40 million doses of undiluted smallpox vaccine and a small strategic stock of vaccinia immunoglobulin.

"We will launch a procurement

for VIG to augment this supply to support our preparedness for a mass smallpox vaccination campaign in case one is needed."

Lord Warner added that VIG can be used to treat severe side effects arising as a result of smallpox vaccination such as progressive vaccinia and eczema vaccination and can be of value when given as prophylaxis at the time of vaccination to pregnant, eczematous and some immunocompromised patients.

Move coeliac patients to pharmacy, says GP

"Pharmacists should be more involved in coeliac patients' repeat prescriptions and care, a GP coeliac specialist has said.

Standards of care for coeliac patients can vary between surgeries depending on the GP's interest and exposure to people

with the condition, Coeliac UK medical adviser Sohail Butt said.

More pharmacy involvement would help the Department of Health achieve its goal of moving patients with chronic conditions into primary care settings, Dr Butt added.

Lambeth OUTLOOK

Making our voice heard

Pharmacy will play a pivotal role in the Government's public health plans, says Beverly Parkin, director of public affairs at the Royal Pharmaceutical Society

By the time you read this, Her Majesty will have delivered the Queen's Speech outlining the Westminster Parliament legislative agenda for the year. Of course, everyone knows that a general election is imminent. While media pundits and political hacks swoop around, confidently predicting the date of the next general election, the Government will continue to plough its legislative furrow, irritated but unbowed in its mission.

If predictions are correct, and the election falls on May 5, 2005, Parliament would have to be dissolved in mid-March in order for there to be the standard six-week campaign. This means that any outstanding legislation will fall, and have to be reintroduced by the next Government in a new Parliament.

Meanwhile, the White Paper on improving public health in England, *Choosing Health*, has been published. This document will be a focal point of the big picture debate on health at Westminster over the next few months. The proposed ban on smoking in workplaces in England is likely to be of interest in the media, particularly as the smoking lobby is powerful, vociferous and well prepared. The Scottish first minister has gone further in trying to reduce the level of exposure to passive smoke by announcing a smoking ban in all enclosed public places, including all pubs and private clubs.

Pharmacists will have a significant role to play in the debate around this White Paper – as in the public health debates in Scotland and Wales. In terms of the delivery of key areas of the proposals, the White Paper highlights the role of pharmacists, who are singled out as having a key role to play across the range of target areas.

The White Paper makes the point, time and again, that many of the most protracted of public health problems will be solved



only by the full participation and engagement of local communities. The Government is clear that "well ordered and stable communities, with good access to services, clear leadership, cohesion and strong partnerships between local government, business, the voluntary sector, health services and community organisations provide an environment that helps people make healthy choices".

Aside from the publication of Bills and consultations, key Government heavyweights can be seen on the think-tank circuit, setting out new thinking for a third term. This is a sure sign that election fever is about to break out.

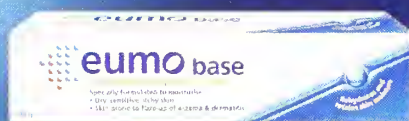
Alan Milburn MP, the former health secretary now charged with looking after that tricky Duchy of Lancaster (as well as delivering Labour's third term), is focusing Labour thinking on developing an "asset owning" society, making the point that in the coming years the gap between the owners of housing equity and non-owners is likely to be vast.

This is thought to have a considerable knock-on effect on life chances and health choices and chimes in with plans for the extension of patient choice and the expansion of services for patients within the NHS. This overarching vision, which will come to the fore over the next few months, relies heavily on the success of the existing reform programme, particularly in terms of capacity building in the NHS, where pharmacists will play a pivotal role.

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Over 88% of users rated it better than their previous treatment.⁴



1. Pagnès P. *Chronica Dermatologica* 1984; 15: 734-41. 2. Caramie G, Bizzarri V, Gregorini S et al. *Curr Ther Res* 1985; 37(2): 100-101. 3. Nigro M, Schene D. *Clin trials J* 1985; 22(4): 373-80. 4. GlaxoSmithKline. Data on file: TNS Survey, April/May 2003. **Eczema & Dermatitis Cream Product Information. Presentation:** Cream containing clobetasone butyrate 0.05%. **Short-term treatment and control of patches of eczema and dermatitis including atopic eczema and primary irritant dermatitis. Dosage and administration:** Adults and children, aged 12 years and over: Apply sparingly to the affected area for up to 7 days. If the condition improves within 7 days stop treatment. If condition does not improve in the first 7 days, or if after 7 days treatment an improvement is seen but further treatment is required, the patient should consult a doctor. To be used in children under 12 years only on the advice of a doctor. **Contraindications:** Known hypersensitivity. Broken skin or skin lesions caused by infection with viruses (e.g. herpes simplex, chicken pox), fungi (e.g.

candidiasis, tinea) or bacteria (e.g. impetigo). Acne vulgaris. **Precautions:** Absorption can be increased by occlusion so treatment is limited to no more than 7 days continuous treatment without occlusion. Treatment should not be initiated at the same site for a third time without medical advice. Only to be used for the treatment of eczema or dermatitis as other conditions may be masked or exacerbated. Should not be used on the face, groins, genitals or between the toes. Medical advice should be sought in seborrhoeic dermatitis. Consumers should be warned against letting the cream get into the eye, as topical steroids can cause glaucoma. Do not use with other topical corticosteroids or in the treatment of psoriasis. **Pregnancy and lactation:** Use only on the advice of a doctor. **Side effects:** Hypersensitivity. Exacerbation of symptoms. **Legal category:** P. **Product licence number:** 10949/0346. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. **Package quantity and RSP:** 15g tube £5.49. **Date of preparation:** June 2003. Eumovate is a registered trademark of the GlaxoSmithKline group of companies.

REGULAR USE OF AN EMOLLIENT LIKE EUMOBASE BETWEEN ATTACKS CAN STOP SKIN DRYING OUT TOO

Our question to pharmacists this week was: Given the choice, which public health issue would you most like to tackle?

"Smoking – we seem to be having some success with it and are making progress"

Sandra Catterall,
Burnley

"Smoking, because we're almost there"

Richard Groombridge,
Ashford

"Smoking, because it's such a drain on NHS resources and there are so many smoking-related deaths in this country"

Teresa Kemp,
Saltash

Comment from the Editor

The 'yes' vote for the new pharmacy contract must be a great relief for PSNC and the many pharmacists who can see the benefits the new system will bring. Less happy will be those, particularly in the London area, who have loudly voiced their fears.

What is surprising is PSNC's concern that critical questioning of the proposals could have scuppered the vote. Its implicit criticism of the pharmacy press in its coverage is strange (*p14*). Surely it is the job of the fourth estate to air the concerns of individuals while giving every opportunity of reply?

Note that the only real concerns came from low volume independent pharmacies. The lack of dissent elsewhere on other aspects of the funding should have reinforced the message that the majority of contractors are supportive of the plans, reinforcing the overwhelming vote a year ago on the contract framework; the outcome was never in doubt.

Yes, there are still questions that remain unanswered – such as why wasn't the issue of

oxygen dealt with, and what are the specifications for a primary care centre? How will cash-strapped PCTs fund enhanced services and the standard form LPS? And what about rural issues?

But PSNC should be congratulated after all its hard work. Its critics should acknowledge that as a negotiating body, PSNC could not get everything pharmacists wanted, but had to reach a compromise. That the Government and pharmacists have now reached a concordat is a sign that pharmacy is ready to change, with the support of Whitehall. London pharmacists may want to reassess the views of their colleagues beyond the metropolis before considering further action.

PSNC could not get everything pharmacists wanted, but had to reach a compromise

Your views

David Coles, managing director of UniChem, comments on the White Paper *Choosing health, making healthy choices easier*

Paper offers a greater role

The White Paper *Choosing health, making healthy choices easier*, contains many positive steps towards a healthier nation. This means pharmacists will have an even greater healthcare role.

Most of us will be pleased to see the priority given to smoking cessation and obesity as well as to sexual and mental health. It is also encouraging to see the introduction of the pilot scheme, Communities for Health, which provides an opportunity for joined-up working in its true sense.

Many strategies in the White Paper reflect requirements in the



David Coles: take the initiative

new pharmacy contract. It is essential that pharmacists develop relationships with their PCT to maximise the impact and effectiveness of services that compliment each other. This is

something UniChem, through Pharmacy Alliance, is helping its customers with.

The local emphasis at this level is encouraging. Independent pharmacies in particular now need to take the initiative and promote the role of pharmacists in delivering community health advice and support. UniChem's 'Your Portfolio' enables pharmacists to deliver these community-based services.

This White Paper offers real opportunities to pharmacists to place themselves as linchpins in the delivery of health advice, support and services.

BlackBAG

How clever dick theories can land you in hot water

TOPICAL REFLECTIONS

Controlled Drugs red tape reaching overload

Our new global sum allows for adjustments to be made to reflect additional regulatory burdens such as those arising from the Shipman report. Thank goodness, because judging from last week's article (see *C&D*, Nov 20, p32-37) on the Society's response to the report, the additional burden could be enormous.

If all the recommendations are implemented, the average CD prescription could take me about 20-30 minutes to dispense, compared to the current five or so. So by my estimates, if the average script takes two minutes to dispense for a fee of 90p the new CD fee should be about 15 times as much, or £13.50. Fat chance.

The additional costs involved in, for example, setting up a CD inspectorate, computer software changes, formal destruction requirements, and all the audit requirements, will have to come from savings elsewhere. My guess is that these savings will not come out of GPs' pockets but from a little closer to home.

At least some of the extra work involved will include: a phone call to confirm that the practitioner is 'licensed to practise', eliciting and recording the name and address of the person collecting the script, all the additional details to be entered in the register, recording information on the

patient drug record card, and inevitably returning virtually every prescription to get it amended.

And most of these recommendations seem to apply to Schedule 3 drugs as well. Any potential murderer is no more likely to use temazepam than any other more easily available drug. Anyone supplying more than half a dozen methadone patients will need to take on additional staff.

The new regulations seem so extremely onerous that GPs will be deterred from prescribing CDs unless there is no alternative and pharmacists will not search their CD cabinet particularly hard for scripts from out of the area. But at least allowances will be made for us to supply urgently needed drugs and sort the technicalities later so patients shouldn't have to go without their medication.

Of course something had to be done following Shipman, but these measures seem over the top to say the least. The existing requirements had prevented a major incident quite successfully for many years – surely they simply needed tweaking. These recommendations will prevent another identical incident, but someone of Shipman's nature will always find another way and the real problem seemed to be that his medical colleagues were unwilling to interfere. What has been done to tackle this culture within the medical profession?

Health trainer or bio-terrorism expert?

I quite fancy myself as a 'health trainer' (see *C&D*, Nov 20, p4). I certainly fit the "friendly, approachable and understanding" criteria that seem to be the only qualifications needed apart from a non-specific "core set of skills". And I know something about stopping smoking, healthy eating, safe sex and exercising.

As is often the case with these Government documents, pharmacists are not specifically mentioned but surely we could perform these tasks as well as the nurses the role is probably aimed at. Also as usual though, there are the twin hurdles of whether we would be paid enough (or anything at all) and where on earth we would find the time. Perhaps I could run a health training clinic one afternoon a week because I certainly couldn't fit in formalised health promotion while simultaneously running the dispensary and dealing with walk-in queries.

I like Nick Wood's idea of "sexing-up" public health (see *C&D*, Nov 20, p12) although he doesn't suggest how we might do this. Professor Rod Griffiths' idea of identifying bio-terrorist attacks could be the answer – it sounds more M15 than community pharmacy. But I have to admit if patients were coming into my pharmacy with double vision I wouldn't be reporting anything until I was safely out of the area. Gas masks should be provided as a minimum health and safety requirement for this role.



Considering how medicine depends on teamwork, doctors tend to be very competitive. There is a process of natural selection starting from A levels onwards. It is not sufficient to be good, they simply must be the best.

Similarly, the British axiom of 'just taking part' comes a poor second to actually winning. Medical students get this drummed into them during consultant ward rounds.

A slight smile with an almost invisible nodding to other students' incorrect responses helps to reinforce this 'you do not need to ask me as I most patently know the answer' appearance. You will notice that doctors never take part in TV quiz shows. This has less to do with not wanting to demean ourselves as being desperately scared of showing how little general knowledge we possess.

Debates, on the other hand, are full of medics. At the National Obesity Forum conference debate

"The problem is simply the working class who are fat, lazy and stupid"

on rationing anti-obesity drugs, both sides desperately wanted to win. There was a lot at stake, not just their own reputations. The one-debate vote gave a surprising majority of the 400-strong audience in favour. Cut and thrust followed. "The problem is simply the working class who are fat, lazy and stupid," the proposer affirmed. "Rather than giving them expensive drugs we should simply sew up their stomachs." Much laughter and nodding heads.

"But obesity and co-related morbidity is more common in Black Afro-Caribbean people," prompted the opposer. "So how does it sound now saying it this way? 'Black people are fat, lazy and stupid?'" Deathly silence. You could almost hear a motion drop.

Dr Ian Banks is a GP practising in Northern Ireland

Please e-mail your views to chemdrug@cmpinformation.com

Attempts to discredit contract are regrettable

Much of the debate on the new contract in the pages of the pharmacy press has been dominated by the impact of the funding proposals on the very small proportion of contractors that dispense fewer than 2,000 items a month. In total they will comprise fewer than 700 pharmacies, and this figure

includes ESPS pharmacies and many owned by multiple retailers.

Only a small number are independently owned businesses whose principal income comes from NHS services.

The concerns of the small number of contractors are real, and PSNC will seek to work with them and their LPCs, particularly

those in London where the majority of low volume pharmacies are located.

There have been attempts to discredit the whole basis of the new contract, and this is very regrettable. Even more regrettable is that the measures that have been negotiated, not without difficulty, to provide options for low volume pharmacies, have been dismissed. This activity, intended to undermine PSNC, serves only to discourage the contractors affected.

Those who have used the pharmacy media to air their opposition to the contract and to PSNC are following a well-worn path. Opponents normally shout louder than supporters in these matters. But now that the contractors, who have studied the contract and in many cases attended one of the roadshows, have voted so massively to support the proposals, it is to be hoped that their views will be accepted, and we will see an end to the attacks by a small number of disaffected individuals who do not support PSNC or its work for contractors.

Barry Andrews, chairman, PSNC, Sue Sharpe, chief executive, PSNC.



Sue Sharpe



Barry Andrews

Staffing levels have been surveyed



Mark Koziol

Many pharmacists have been concerned about poor staffing levels in community pharmacies. The pharmacist from Oxfordshire (*C&D*, November 13, page 22) was concerned that staffing levels in pharmacy were so low that they were not only holding the profession back, but may also constitute a danger to the public. He has suggested that someone should conduct a survey.

Another correspondent (from Wessex) was concerned that no one was listening.

The Pharmacists' Defence Association, an organisation whose aim is to articulate and act upon the concerns of individual pharmacists, has instituted just such a survey and we have been analysing the first 2,000 responses. Initial results confirm that the views of many of the recent correspondents are widely held. We aim to use the results to draft staffing level policy and to this end we are holding a series of focus groups for pharmacists.

It is our intention to launch the PDA policy on staffing levels early in 2005 and we will then lobby authorities and employers to make sure that the issue of staffing levels in pharmacy is addressed.

Pharmacists who have experienced the effects of poor staffing levels are invited to contact the PDA at The Old Fire Station, 69 Albion Street, Birmingham B1 3EA. Pharmacists may also wish to attend the first annual PDA conference in Birmingham on February 27 where the results of our survey and details of the PDA's work will be unveiled.

Mark Koziol, director, PDA.

Xrayser should reconsider contract view

Most of the time I find *Xrayser's* reflections valid and accurate. However, the comments (*C&D* November 13, p15) relating to the new contract need reflecting on.

If there was a ballot of contractors on whether the global sum was adequate, I would think an overwhelming number of contractors would say "yes" under the circumstances. However, it's the distribution of the global sum that doesn't appear to be equitable.

Details of the standard form LPS are not fully known. How can one judge whether that will really provide an alternative income to those small volume pharmacies? No legal adviser would agree for you to sign a contract that lacks detail.

The fact that £20,000 has been taken from the generics payments in the past 12 months is precisely the point. Further amounts can still be taken from the *Drug Tariff* in the new contract as well. So the new proposals do not protect you

from further clawbacks if the DoH so wishes. Secondly, the transfer of discounts to the global sum means that all pharmacies dispensing fewer than 2,000 items are actually subsidising the ones doing over 2,000 items (and this threshold is going to increase as volume increases), consequently losing further margin (not simply 4.6p). Does *Xrayser* really think this to be fair distribution of the global sum? And that this is the best possible distribution?

Secondly, I do not see why a pharmacy doing well on counter trade should again subsidise the service provided to the NHS. The pharmacist in the new contract will have more than full time commitment to the NHS work and should be appropriately remunerated.

If the *Xrayser* argument is valid, then the multiples should be contributing more to the global sum because of their favourable buying terms.

Overhead costs set in as soon as one dispenses the first prescription and not at the 2,000 arbitrary mark. Also, a pharmacist has to be available at all times of opening. The emphasis of different essential services will be different from high volume pharmacies. And then consider the effect of redistribution of establishment costs to all pharmacies. This is minuscule in relation to the global sum (less than 0.001 per cent). Would this not make it fair and acceptable to all? The DoH has nothing to lose, as the global sum remains the same.

The ballot is an agreed democratic process and, if pharmacy was going to take a decision based on the possible threat of withdrawal and imposition of a settlement, it defeats the objectives.

Xrayser should reconsider his comments in light of the above.

Vincent Hall, Watford.

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RPSGB will act on Council members' concerns

As a community pharmacist and member of Council I have to admit that David Morgan's article (*C&D* October 23) and the subsequent flow of correspondence make for depressing reading.

By way of my contribution to this debate, I can recite what we do in my own small group: I refute the pejorative connotations associated with the term 'locum' so we stick to a few regular locum pharmacists and book them consistently to work in the same branch (and occasionally across the group) so they become a part of the family.

I make it clear that I regard them as full members of our team who just happen to work part-time. They are invited to all our group events and are kept in touch with PCT activity.

Wherever I can, I try to persuade the PCTs to include them in training days, and to cover the concomitant backfill costs.

In return I expect them to be committed to us and our way of working, go the extra mile for our patients and be up-to-date clinically. For instance, we are all undertaking the *C&D Skills for the Future* training. I want to be

able to offer a consistent quality of care every day, irrespective of whether our regular pharmacist is on duty. By and large it works. If this is possible for us, would it be possible for others?

More strategically, I can also confirm that the Society is looking seriously at this situation. Several are themselves locums so can talk from experience.

Recent research published by the Society shows that there are around 8,000 locum pharmacists, so we must deal with the attendant issues as a profession if we are going to deliver the new contract,

PIANA or anything close.

I have raised these issues through the Society's practice committee and I am committed to working them through if at all possible.

Significantly, the new community pharmacy contract does include minimum levels of support staff. It is easy to pillory this, but it is, at least, a start and should be welcomed. The door, it seems, is open.

All 'positive' contributions to this debate are welcome.

Graham Phillips,
member of Council.

Inaccuracies in Stockholm Network report

The British Association of European Pharmaceutical Distributors (BAEPD) welcomes any attempt to eradicate the menace of counterfeit medicines in the UK market, but the Stockholm Network report (*Stockholm Report: A Sick Business, C&D, November 20, p5*) contains a number of fundamental inaccuracies which need to be addressed.

Parallel trade has operated safely and effectively in Europe for more than 30 years, delivering significant benefits to patients and healthcare services throughout the UK and the rest of Europe.

It is a highly regulated, professional and ethical business. All medicines imported by parallel traders are subject to two levels of market authorisation, both by national and EU health authorities, before distribution can commence.

Every imported pack is subject to rigorous checks for every variable of strength, formulation and origin during processing. These supplementary checks provide a further level of quality control and sometimes identify errors in the original manufacturers' product that were previously missed. The medicines are only released to the market by a qualified person, invariably a pharmacist with industry experience.

The supply chain is short. Products are only sourced from MHRA-approved exporters, whose facilities and procedures have been audited. All parallel

importers are subject to regular MHRA inspections.

Typically, medicines imported by parallel traders are repackaged at a dedicated facility and distributed direct to the retail pharmacist or via a wholesaler/distribution warehouse. When problems occur, parallel traders perform all product recalls as efficiently, promptly and comprehensively as any other pharmaceutical distributor.

Graham Satchwell is in error when he suggests that 'the more expensive anti-counterfeit packaging of the manufacturer is often entirely removed' during the PT process; in fact, currently there is very little in the way of anti-counterfeit packaging used by manufacturers, beyond a tamper-proof seal. Under present UK regulations, it is necessary to replace the imported foreign-language patient information leaflet with one in English – clearly, this cannot be achieved without opening the pack, though almost invariably the parallel importer will also re-seal the pack before marketing. Further, the greatest proportion of parallel-traded packs reach the market in overstickered form (ie in their original packaging), as a result of manufacturers exercising their trademark rights.

Similarly, Mr Satchwell's assertion that there is potential for originally applied batch numbers and expiry dates to be removed by the parallel import process is not the case. With overstickered

products, the original carton is retained and original packaging details are not obscured. It is necessary to relabel the carton for batch and expiry details when a product is re-boxed, but in either case the internal blister containing the medicine itself retains the original impressed manufacturer's information, and this is never removed or obscured.

The report incorrectly links parallel trade with counterfeit trade. No case of counterfeit medicine reaching a patient in the UK has ever been confirmed; no case of damage to patient health from medicines merely because it came to market through parallel trade has ever been reported.

The BAEPD welcomes the author's recommendations to enhance the safety of patient medication through changes to the Yellow Card Scheme and improved data monitoring by the new National Patient Safety Agency. It also supports the author's recommendation for enhanced product tracking, provided that the fundamental right to the free movement of goods is not constrained. The BAEPD is currently working with other industry representatives on a proposal to recommend a system of EAN barcoding to help reduce dispensing errors within the NHS.

The BAEPD is committed to working with all stakeholders in the field to ensure patients have access to original, innovative medicines at a low cost.

British Association of European Pharmaceutical Distributors.

In agreement over hard-pressed locum

I agree with all the correspondents who have written to you about their experiences as locum pharmacists for multiples. My locum duties have covered a span of about 28 years and I have been employed by Boots, Moss, Lloyd and Tesco multiples.

There has been a large exodus of area managers and store managers from both Lloyds and Boots and know of at least six people who have suffered nervous breakdown through sheer stress.

The paperwork is increasing, so it's not unusual to walk into a branch and see a batch of unattended correspondence/unopened *C&D* magazines/urgent product recalls dating back four to eight weeks.

Sometimes I may have to serve a queue of about 15 single-handed, as all other members of staff are too busy holding a 'quality team' meeting. The customers get quite riled, as often we don't have authority to do refunds/exchanges as a locum, and they often ask for complaints to be passed on to area managers, who more often than not don't visit stores on a regular basis (nobody really cares as long as tills are ringing with money).

The multiples are keen to prove they are ready to provide enhanced services such as blood glucose measurement or cholesterol measurement, even though some of the dispensers and pharmacists are not keen to be involved. As for Boots wanting to sell alcohol and sex toys, it beggars belief.

Name and address supplied.

Please e-mail your views to chemdrug@cmpinformation.com

Quality not quantity staffing

As a former OTC supplier and now a consultant within community pharmacy, the business ethos of the profession continues to amaze me. I welcomed David Morgan's article and even more so the response it generated (*C&D*, October 30, pp16-18).

We offer a professional service to the public with the professional, the pharmacist, often 'hidden' in the dispensary. The patient often has to discuss matters with counter staff who, in many cases, are either unqualified, or feel

uneasy discussing health issues.

The causal factor for staff ineptitude has to lie with the pharmacist or manager. All too often the salaries offered simply do not appeal to academically qualified people, the result being that school-leavers are thrust into a position for which they are not suited and resign from a few months later. But it is not just about salaries: training appears to be very haphazard. In a multiple I recently met a recruit who claimed the only training she had received

was from her counter colleague. She didn't know, and wasn't bothered who owned the group.

But still we hear of pharmacists who are convinced that they can develop their business through 'getting better deals' from manufacturers, even though through bonuses and free stock they are obtaining, in many cases, better margins than the multiples and supermarkets.

So where is all of this additional profit being channelled? The fact of the matter is that in a

community pharmacy setting, purchase margins do not generate sales. It is not effective purchasing but 'smart selling' that pharmacy managers need to concentrate on.

Ask yourself the question "would I be happy after a visit to my pharmacy?" If the answer is negative, consider an appropriate course of action; relatively speaking time is on your hands at present; after April 1 next year it may not.

Name and address supplied.



The Northern Ireland medicines governance team has won a Health Services Journal Award for Patient Safety. The team was recognised for a project that used pharmacists to reduce the medication-related incidences in hospitals, and was praised for its sound evidence base, patient involvement and multidisciplinary approach. Pictured at the awards ceremony are, from the left: BBC TV presenter Natasha Kaplinsky, Northern Ireland chief pharmacist Norman Morrow, Northern Ireland medicines governance team pharmacist Tracey Boyce and National Patient Safety Agency joint chief executive Susan Williams.

Coming Events

NOVEMBER 29

RPSGB Chiltern Region

Meeting on *Unmasking the political agenda for pharmacy*, at GSK, Stockley Park, Middlesex at 7pm. Speaker – Dr Andrew Murrison and hope to welcome Dr Evan Harris MP, at 8pm. Substantial buffet meal kindly provided by GSK.

DECEMBER 1

RPSGB West Metropolitan Branch

Meeting on *Reducing coronary risk: background to simvastatin OTC*, by Jerry Cottrell at 8pm, followed by session on continuing professional development by Krishna Patel at the Irish Centre, Blacks Road, Hammersmith. Finger buffet 7pm, pre-registration session on community pharmacy and primary care pharmacy 7.30pm.

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Vanessa Sherwood describes the more common menstrual problems encountered by women



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This course (module 1322), in association with multiple choice questions being published in C&D December 4, provides one hour's continuing education

- To revise the normal process of menstruation
- To be aware of the problems that can occur
- To understand their underlying causes
- To review treatments
- To review the pharmacist's role in helping women

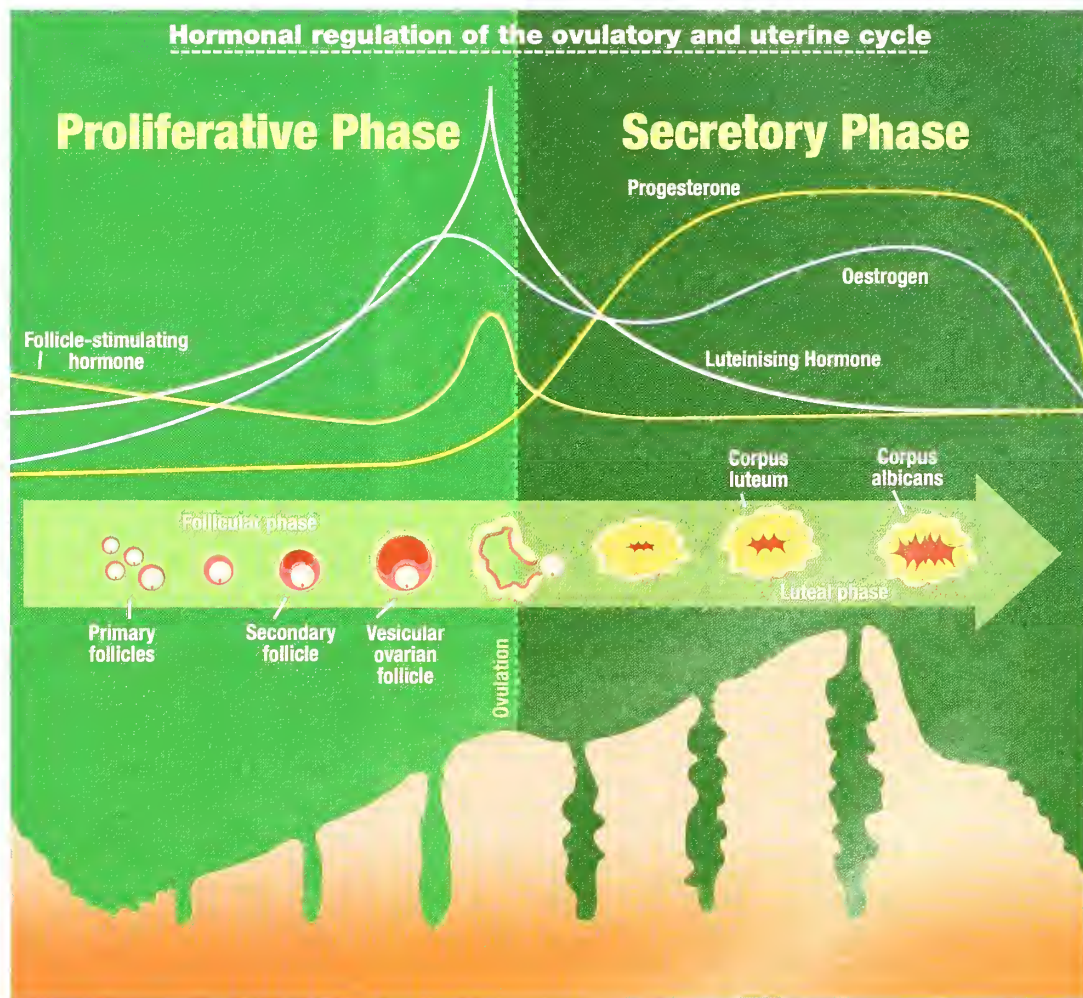
Menstruation is the physiological process during which healthy tissue lining the uterus disintegrates and is expelled from the body.

Menstrual problems cause many women to visit their GP. This is considered a significant healthcare burden. This could partly be because women now have more periods than ever before. Last century, women started their periods later, had an earlier menopause and were pregnant or breast-feeding for much of the time in-between. These women may have had only 40–50 periods compared with the 400 a woman can now expect.

The inner layer of the uterus, the endometrium, is a mucous membrane composed of two main layers. The outer layer, the stratum functionalis, is the layer shed during menstruation. The stratum basalis is maintained during menstruation and produces a new outer layer following menstruation.

Blood is supplied to the uterus by branches of the internal iliac artery called uterine arteries.¹ Further branches supply the outer layer of the uterus and the myometrium (the middle layer). Arteries branch again just before entering the endometrium and the straight arteriole terminates in the stratum basalis, supplying it with necessary materials to regenerate the stratum functionalis. A spiral arteriole penetrates the stratum functionalis and changes markedly during the menstrual cycle.

The term menstrual cycle refers to a series of changes that occur in



the endometrium of a non-pregnant female. The normal duration of cycles varies from woman to woman and may be anywhere between 24 and 35 days. The average duration is assumed to be 28 days.

The menstrual cycle can be divided into three phases: the menstrual phase, the pre-

ovulatory phase and the post-ovulatory phase.

The menstrual phase (menses, menstruation, period) is the periodic discharge of 30–40ml of blood, tissue fluid, mucus and epithelial cells. It can last for three to seven days. The discharge is associated with endometrial changes in which the functionalis

layer degenerates and patchy areas of bleeding develop. This happens when the spiral arterioles of the functionalis layer constrict and shut off the flow of blood to this layer. As a consequence the tissue begins to die and small bleeding areas result. These areas detach

Continued on page 20 ►

one at a time (total detachment would result in severe haemorrhage). At the same time uterine glands discharge their contents and collapse.

The menstrual flow passes from the uterine cavity to the cervix, through the vagina and to the exterior.

Menstruation occurs approximately every 28 days from menarche (first period) until the menopause (last menses). Menarche normally occurs around 13 years. However, almost one girl in eight will start her periods while at primary school.² There is little evidence that the average age of menarche continues to fall, as it has done over the last 100 years or more. At the beginning of the 20th century the mean age was 15 years. However, in developed countries such as Britain where there has been an improvement in nutrition, the attainment of a significant bodyweight seems to be closely related to the onset of puberty, of which menarche is a part.

At menarche the female reproductive system is still not fully mature. For the first few years periods are frequently irregular and many cycles are anovulatory. Menstrual cycles are at their most regular between the ages of 20 and 40. As the transition to the menopause begins cycles become irregular again. Bleeding patterns may also vary from what the woman has been used to.

Normal cycle

The pre-ovulatory phase is the time between menstruation and ovulation and is more likely to vary in time than other phases. In a 28-day cycle it lasts from day six to 13. Follicle stimulating hormone (FSH) causes the development of the Graafian follicle in the ovary, which increases production of oestrogens, causing endometrial cells to proliferate. Circulating oestrogens have a positive feedback effect on the pituitary, causing a release of luteinising hormone (LH), which prompts ovulation.

The post-ovulatory (luteal) phase is more constant in duration, and in a 28-day cycle can be considered as days 15–28. After releasing the ovum the Graafian follicle collapses and forms the corpus luteum. This secretes oestrogen and progesterone, with levels increasing over the next six to seven days. Progesterone helps the

The most effective treatment for dysfunctional uterine bleeding (DUB) is the levonorgestrel releasing intra-uterine system (Mirena). This is licensed for contraception and menorrhagia and used off licence for dysmenorrhoea

Schering Health Care



endometrium prepare for the implantation of a fertilised ovum. If implantation does not take place then rising prostaglandin F_2 levels cause the corpus luteum to degenerate, reducing the secretion of progesterone. This reduction initiates menses again.

Amenorrhoea

Amenorrhoea is the absence of menstruation. It may be classified as primary or secondary.³

Primary amenorrhoea: this is the failure to start menstruating by the age of 16 in girls who appear to have developed other secondary sexual characteristics or by the age of 14 in girls without other signs of sexual development. It is much less common than secondary amenorrhoea with a prevalence of 0.3 per cent.

The most common cause of primary amenorrhoea associated with normal secondary sexual characteristics is an anatomical abnormality of the genital tract, such as absent vagina and uterus.

Common causes of primary amenorrhoea with associated delayed puberty are:

- Turner's syndrome – a genetic defect in women in which there is only one X chromosome instead of two. Affected women have normal female external genitalia but no ovaries.
- Gonadotrophin deficiency
- Constitutional delay – there is no anatomical or hormonal abnormality and spontaneous menstruation occurs eventually.

Causes of secondary amenorrhoea can also cause primary amenorrhoea if they occur before the menarche. **Secondary amenorrhoea:** this is the lack of menstruation in women who have previously had regular periods for six months or irregular periods for 12 months. It is more common than primary with a prevalence of about 3 per cent.

Apart from pregnancy the most common causes are:

- polycystic ovarian syndrome
- hyperprolactinaemia
- premature ovarian failure (auto-immune disease, chemotherapy)
- weight-related amenorrhoea – body mass index of less than 19
- amenorrhoea after stopping oral contraceptives (including the possibility that use of the combined 'Pill' may have been masking an underlying hormonal disorder)
- thyroid disease.

In all cases of secondary amenorrhoea pharmacists should encourage women to perform a pregnancy test and to see their GP. Initial investigations carried out by the GP will include a blood test to measure levels of FSH, LH and prolactin, and thyroid function.

As well as the psychological stress that accompanies amenorrhoea, and possible associated infertility, women who are deficient in oestrogen are also at risk of developing osteoporosis.

Treatment for amenorrhoea is aimed at improving the underlying condition, once this has been determined.

Dysmenorrhoea

Dysmenorrhoea is painful menstruation, a common gynaecological problem. Again, this is defined as primary dysmenorrhoea or secondary dysmenorrhoea.

Primary (spasmodic) dysmenorrhoea affects more than 50 per cent of menstruating women to some degree. About 10 per cent of these women can be incapacitated for up to three days each month. It is more common in younger women and will usually appear within two years of the menarche.

It starts with cramping lower abdominal pains just before or at the same time as the menstrual

flow. Associated symptoms include nausea, vomiting, diarrhoea, fainting, headache and pains in the lower back and thighs.

Dysmenorrhoea is thought to be due to an excess of prostaglandins produced by the endometrium during ovulatory cycles and which cause contraction of the myometrium.

The condition is more likely to improve in women who have children.⁴

Secondary dysmenorrhoea usually affects older women and may also be known as congestive dysmenorrhoea. Painful cramps usually start a few days (or up to two weeks) before the menstrual flow. The most common causes of secondary dysmenorrhoea are pelvic inflammatory disease, endometriosis, fibroids or the presence of an intra-uterine contraceptive device.

Treatment of dysmenorrhoea

Although secondary dysmenorrhoea may respond to some of the treatments used for primary dysmenorrhoea it is more important to treat the underlying cause.

The treatment of primary dysmenorrhoea is successful in about 80 per cent of patients.

NSAIDs are the treatment of first choice because of their inhibitory effects on prostaglandin production.

Over the counter, community pharmacists should recommend ibuprofen 400mg three times daily. Treatment should begin with the onset of the period or the pain, whichever comes first, and taken regularly (not on a PRN basis) for the next 24–48 hours. There is little evidence that taking NSAIDs before the period or pain has started has any beneficial effects and may increase the risk of side effects.

Aspirin is not as effective as other NSAIDs and should not be recommended.

Where ibuprofen is contraindicated (for example, asthma, GI problems) then paracetamol or co-codamol are other choices.

If OTC treatment with ibuprofen has failed then the woman should be referred to her doctor.

The prescription NSAID used most often for dysmenorrhoea is mefenamic acid, with a maximum dose of 500mg three times daily. In theory this fenamate NSAID should be more effective for dysmenorrhoea because, as well as inhibiting prostaglandin synthesis, it binds to prostaglandin receptor

Skills for the

Future



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of Pharmacy



Adverse Drug Reactions

11

In this module you will learn about adverse drug reactions and the module includes an illustrative case study. At the end of the module you will be asked to write a reflection on your learning. You will need access to a current issue of the British National Formulary (BNF) to complete this module. After completing this module you will be able to:

- Define and explain adverse drug reactions and provide at least three examples of Type A and three examples of Type B adverse drug reactions
- Identify when to report a suspected adverse drug reaction and be able to complete a Yellow Card
- Discuss the advantages and disadvantages of the Yellow Card system for the reporting of adverse drug reactions in the UK
- List at least four actions that prescribers can take to prevent adverse drug reactions

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Course Details

- This is the eleventh of 20 modules in the 'Skills for the Future' programme. Each module provides 1.5 hours of continuing education.
- A CD-rom containing case notes and video clips for several case studies, plus care plan templates, will be included in Module 14. Each case study will provide 10 hours of continuing education.
- Three care plans may be submitted for competency-based assessment by the Medway School of Pharmacy. Candidates who successfully complete the assessments will be awarded a Practice Certificate in Medicines Use Review. A fee of £60 is charged for assessment and certification, to be paid on submission of care plans.
- **Registration forms and Modules** can be downloaded from www.dolpharmacy.com. For further information call Mary Prebble, C & D, on **01732 377269** or e-mail the Course Administrator, Medway S&R at skills@medway.gre.ac.uk

Self-Assessment

Answers to Multiple Choice Questions

- a. FTFT
- b. TTFT
- c. FTFT
- d. FFFT
- e. TTTF

References

1. World Health Organisation (1970). *International Drug Monitoring – the Role of the Hospital*. A WHO report. *Drug Intell Clin Pharm* 4:101-110.
2. Rawlins MD, Thompson JW (1991) *Mechanisms of Adverse Drug Reactions*. In: Davies DM, ed *Textbook of Adverse Drug Reactions*, 4th edn. Oxford Medical Publications, Oxford.
3. The MHRA provides information on pharmacovigilance of medicines including herbal products at www.mhra.gov.uk

The World Health Organization (1970)¹ defines an adverse drug reaction as: "Any response to a drug which is noxious and unintended and that occurs at doses used in man for prophylaxis, diagnosis or therapy." Note that this definition excludes failure of the drug to accomplish its desired effect, and excludes any effects of drugs taken in overdose.

November 2004

MEDICINES USE REVIEW

Adverse **11** Drug Reactions

BY PROFESSOR CLARE MACKIE

Adverse drug reactions are usually classified into two types, A and B, as shown in Table 1 below.

● **Type A adverse drug reactions** are due to an exaggerated response to the expected action of the drug. Bradycardia with beta-blockers is an example of an exaggerated response to a drug's **primary** activity. In contrast, the dry mouth often seen with amitriptyline arises from the exaggerated response to the drug's **secondary** activity. Type A ADRs are predictable from their pharmacology, and are dose dependent. Although the incidence of such reactions is high, mortality is low and they can often be managed by a simple dose reduction. There is a significant individual variation in side effects and tolerance to any drug between individuals and between different drugs within the same therapeutic class for an individual patient. A patient may, therefore, be able to tolerate doxepin (dothepin) better than amitriptyline or respond to diclofenac better than naproxen.

● **Type B adverse drug reactions** are usually bizarre reactions, unrelated to the conventional pharmacology of the drug and occur only in susceptible individuals. Examples of Type B ADRs include anaphylaxis with penicillin, and agranulocytosis with chlorpromazine. It is not always the active drug that is responsible for the observed ADR; it may be the tablet excipients. A notable example of this occurred in the early 1990s, when the azo dye sunset yellow was introduced into Zantac tablets. Within a short period, urticaria, pain and severe abdominal cramps were being reported, and the manufacturer removed the dye shortly thereafter. Type B ADRs have a low incidence, but when they do occur they tend to be more serious and are not dose dependent.

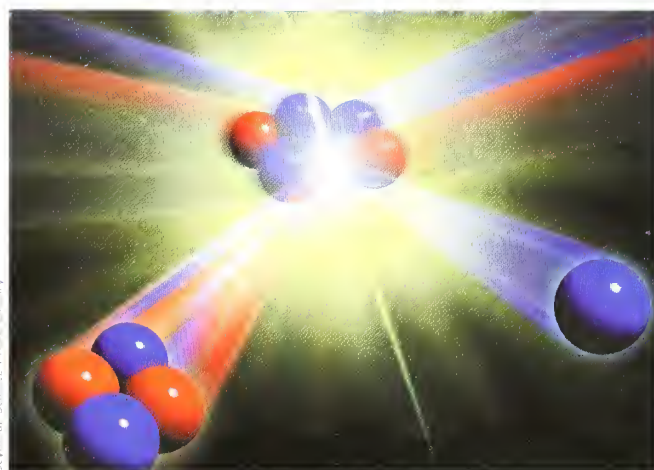
Table 1: Classification of ADRs (Rawlins and Thompson 1991)²

	Type A	Type B
Predictable from pharmacology	Yes	No
Dose dependent	Yes	No
Incidence	High	Low
Morbidity	High	Low
Mortality	Low	High
Management	Dose adjustment	Stop treatment

The thalidomide tragedy

Perhaps the best known example of a Type B ADR is the phocomelia associated with the drug thalidomide. This drug was first introduced as a sedative in 1956 and the promotional literature claimed it was 'outstandingly safe'. Thalidomide was eventually withdrawn from the market in 1961, following the announcement that it had caused deformities in thousands of babies. In the six years it was on the market more than 10,000 children in 46 countries were born without arms, legs or ears. Others died at birth.

As a direct result of the tragedy, many countries established agencies to review drug safety. In Britain, the Committee on Safety of Drugs was established in 1963, becoming the Committee on Safety of Medicines (CSM) in 1971. Prior to the thalidomide tragedy any manufacturer could market any drug without the need to satisfy any independent body of its safety, quality and efficacy.



Medicines regulation in the UK

● The Medicines and Healthcare products Regulatory Agency (MHRA)

In the UK, the MHRA (previously the Medicines Control Agency

MCA) functions as the drug regulatory authority. The function of the MHRA is to ensure that all medicines on the UK market meet acceptable standards of safety, quality and efficacy. The CSM is an expert committee within the MHRA, advising the Government on the licensing of medicines.

● The Committee on Safety of Medicines (CSM)

The CSM is responsible for ensuring that drug safety has been assessed to an appropriate level before marketing. It is also responsible for establishing a system for the collection of ADRs after marketing. One problem of pre-marketing safety evaluation is that a drug may have been given to as few as 2,000 people by the time it is launched. Therefore, if an ADR has an incidence of 1 in 10,000, it is unlikely to be detected in this population. Drugs are usually tested in selected patient populations including healthy volunteers (Phase I studies) and volunteer patients (Phase II AND III studies). This population can be different to the group that will use the drug once it is licensed. For example, frail elderly patients may be more susceptible to ADRs, but may not represent a significant proportion of the group in which the drug was tested.

The prescribing of newly licensed medicines is subject to further scrutiny through Phase IV clinical trials and 'black triangle' reporting requirements.

What suspected ADRs should be reported?

New medicines and vaccines

- Report all suspected adverse reactions however minor.
- An inverted black triangle ▼ on all product literature (and in the BNF) indicates intensive monitoring for a minimum period of two years after product launch. The black triangle is not removed until the safety of the medicine is well established.

Established medicines and vaccines

- Report only suspected serious reactions, even when the

effect is well recognised.

- Serious reactions include those that are fatal, life threatening, disabling, incapacitating, cause congenital abnormality or hospitalisation and/or are medically significant.
- Report all ADRs in children even if the adverse monitoring symbol has been removed because experience in children may still be limited.
- Reporting should include ADRs to unlicensed medicines and 'off label' use of licensed medicines.
- Report ADRs to both licensed and unlicensed herbal products.

What information should be reported?

- **Suspect drug** Name, route, dosage, dates of administration and indication (or diagnosis) if known.
- **Suspect reaction** Name, description, outcomes, dates, treatment if known/relevant.
- **Patient details** As many as possible of patient's initials, age, sex, weight, local identifier.
- **Reporter details** Name and address to acknowledge receipt and to follow up for further information if necessary.

Where can I find a Yellow Card?

- Electronic version at <https://www.mca.gov.uk/ourwork/monitor/saferquality/yellowcard/submit/ycreporter.htm>
- Paper version at the back of the *BNF*.

Possible ways to reduce or prevent ADRs

- Avoid unnecessary drug use. If you don't prescribe drugs, your patients will not get ADRs!
- Identify patients with a previous history of hypersensitivity and avoid.

Case Study

Mr A, a retired dentist, called into the pharmacy one Saturday afternoon and asked if it would be sensible for his wife to take cod liver oil capsules over the winter. He is very worried about her. She is adamant that she will not make an appointment with the doctor because she does not want to waste his time or make a fuss. You explore her symptoms further and find that she is complaining of excessive tiredness, weight gain (>40kg), brittle hair and dry skin.



You discreetly check her patient medication records. Mrs A is 70 years old with a history of heart failure and atrial fibrillation. She is receiving ramipril 5mg twice daily and furosemide (frusemide) 40mg in the morning for the management of heart failure. She also takes amiodarone 200mg in the morning for atrial fibrillation.

It looks like it has been three years since Mrs A attended the surgery and there is no evidence of monitoring of her current drug therapy. You ask Mr A to return home and check his wife's pulse (nb this would not be appropriate for all carers). On his return, he reported that it was less than 50 beats/minute.

Reflect on this case. What are your concerns?

Upon reflection...

Mrs A's symptoms are suggestive of hypothyroidism. Amiodarone contains iodine and can cause disorders of thyroid function; patients may become either hypothyroid or hyperthyroid. Amiodarone may interfere with the thyroid function test, therefore thyroxine (T4), tri-iodothyronine (T3) and thyroid stimulating hormone (TSH) should be measured. In addition amiodarone requires liver function tests (LFTs) before initiation of treatment and then every six months. Mrs A should be counselled on the importance of regular blood testing. Annual testing of liver and electrolytes (U&Es) and blood pressure (BP) would be advisable as renal function generally declines with age

and she is receiving treatment with an ACE inhibitor and diuretic. As part of her management plan for heart failure, she should report symptoms of fatigue and any weight gain of more than 1Kg as this may indicate fluid retention. She needs to be counselled on the importance of monitoring of her heart failure.

Actual outcome

You write a referral note to her GP following which TFT results confirm that she is hypothyroid and 25mcg of levothyroxine was prescribed initially due to her heart condition. The dose was titrated and she was stabilised on 100mcg levothyroxine daily.

Advantages and disadvantages of the Yellow Card scheme

Advantages:

- Covers all medicines licensed in the UK.
- Covers licensed and unlicensed herbal products.
- Operates throughout the drug life.
- Relatively cheap to operate.
- Accessible to all prescribers.
- Confidential, no fear of litigation.
- Protects patients.

Disadvantages:

- Low reporting rate, particularly for mild or self-limiting reactions.
- Data relate to licensed medicines only, so unlicensed medicines are not collected or reported (see Prescription, Patient Monitoring, the Yellow Card Scheme, cannot detect an expected risk for potential benefits on the way that the Prescription Event Monitoring system can).

- Identify patients with co-existing disease which may affect drug handling.
- Identify drugs known to produce dose related side-effects and monitor carefully.
- Take particular caution with new drugs until the inverted black triangle (▼) has been removed.
- Counsel patients on drug action and possible side effects.

BNF Cautionary and Advisory Labels

When prescribing any medicine it is good practice to check Appendix 9 of the *BNF* for appropriate cautionary and advisory labels to reinforce advice which will be given by the doctor. Some of the labels can be similar, take care to use the exact wording. Nystatin oral suspension should be labelled 'take after food' to prolong contact time with the mucosa. This is quite different from labelling the product 'take with or after food'.

Self-Assessment: Questions

For each of the following questions indicate whether the statement is true (T) or false (F).

a. The following should be labelled "Take with or after food"

- Nystatin oral suspension
- Ibuprofen 400mg tablets
- Flucloxacillin 250mg capsules
- Metronidazole 200mg tablets

b. The following are medicines which should be avoided in severe liver disease:

- Naproxen 500mg tablets
- Amitriptyline 50mg tablets
- Domperidone 10mg tablets
- Ibuprofen 400mg tablets

c. The following medicines are safe to take whilst breast feeding:

- Fluconazole 50mg capsules
- Paracetamol 500mg tablets
- Aspirin 300mg tablets
- Trimethoprim 200mg tablets

d. Patients should be advised to avoid exposure of skin to direct sunlight or sunlamps while taking the following:

- Minocycline 50mg tablets
- Amoxicillin 250mg capsules
- Metronidazole 200mg tablets
- Nitrofurantoin 50mg capsules

e. The following is true of Type A adverse drug reactions:

- They are predictable from their pharmacology
- They are dose dependent
- The incidence is high
- The mortality is high

so having an antagonistic effect.⁵ In practice all NSAIDs (except aspirin) appear to be equally effective and choice may be guided by side effects.

Mefenamic acid may cause diarrhoea and, rarely, haemolytic anaemia. Treatment should be stopped if either of these occurs.⁶

There are no Cox-2 inhibitors licensed for dysmenorrhoea following the withdrawal of rofecoxib. If contraception is required then the use of the combined oral contraceptive (COC) may be effective for dysmenorrhoea. Combined oral contraceptives inhibit ovulation and reduce uterine contractility and endometrial prostaglandin concentrations.

Trials of an NSAID or a COC for three to six months are usually sufficient to demonstrate effectiveness. If one of these treatments fails the advice is to try the other or a combination of both. Where both fail then the woman should be investigated for secondary dysmenorrhoea. Psychological factors may also play a part.

Other treatments include the use of the levonorgestrel-releasing IUD, Mirena (unlicensed indication). Dydrogesterone 10mg twice daily from day 5–25 of the cycle may be helpful in women who cannot take oestrogen or who do not wish to take the COC.

There is little evidence for the use of anticholinergic antispasmodics, calcium channel blockers, dietary supplements, TENS machines or acupuncture. However, locally applied heat in the form of a hot water bottle can help to reduce pain.⁷

Menstrual problems

Menorrhagia, or excessive menstrual loss, is a significant problem. In the UK 5 per cent of women of reproductive age will consult their GP about menorrhagia every year. Thirty per cent of women consider their menstruation to be excessive.⁸

It is defined as a loss of more than 80ml of menstrual blood. Apart from the obvious

difficulties associated with measuring any blood loss there appears to be a large discrepancy between women's perception of their menstrual blood loss and the actual blood lost.

One study showed that only half of women complaining of heavy periods have losses greater than 80ml. Conversely other studies have shown that 40 per cent of women with blood losses of more than 80ml consider their periods to be light or moderate.

Women with menorrhagia should be referred to their GP for further investigation. Although in 40–60 per cent of cases there is no identifiable cause for the excessive blood loss, any underlying pathology needs to be ruled out.

Possible causes of menorrhagia include:

- uterine fibroids, carcinoma or infection;
- systemic disease, for example hypothyroidism or haematological disorders; and
- iatrogenic causes (intra-uterine devices, sterilisation).

There is controversy about whether sterilisation causes excessive menstrual bleeding. In women who have used the COC before the procedure, the perceived increase in bleeding could be due to the loss of the beneficial effect of the COC on menstrual bleeding previously.⁹

When other causes have been eliminated then the condition is termed dysfunctional uterine bleeding (DUB).

Medical treatment should be effective enough to control most cases of DUB and prevent the need for surgery (hysterectomy or endometrial ablation). However, many women may not receive appropriate treatment or will still choose to have surgery anyway.

Medical treatment can be divided into hormonal and non-hormonal.

Tranexamic acid has been shown to be the most effective at reducing menstrual bleeding. At a dose of 1g, three or four times daily when menstruation has started, tranexamic acid can reduce menstrual blood loss by

half. Etamsylate has not been shown to be effective for DUB.¹⁰

NSAIDs may reduce blood loss by up to one third and are useful if there is associated dysmenorrhoea.

Many women still receive prescriptions for oral cyclical progestones to treat DUB, despite evidence of their ineffectiveness. As there is no hormonal defect then hormonal treatments are used purely to impose external control of the cycle. For many women, knowing when their period is going to occur may be as important as treating the DUB.

The prescribing of the progesterone norethisterone peaks in holiday season when women may wish to have more control over their cycle.¹¹ Where contraception is also required then the COC pill can be used.

However, the most effective treatment for DUB is the levonorgestrel-releasing intra-uterine system (Mirena). This is licensed for contraception and menorrhagia.

This device releases 20meg of levonorgestrel into the uterine cavity daily, minimising the risk of side effects and thereby improving compliance. It prevents endometrial proliferation and reduces the duration of bleeding and the amount of blood lost.

Community pharmacists supplying women with Mirena should counsel them that irregular bleeding or spotting may occur for the first three to six months but by 12 months many have only light periods, if they have one at all.

Mirena may be an effective alternative to surgery: one small study has shown that offering it to women on a waiting list for a hysterectomy caused 82 per cent of them to cancel their surgery. Another small study randomised women on a surgical waiting list to receive the device or continue with their current treatment. Nearly two thirds of those who used the Mirena cancelled their surgery compared with only 14 per cent of the others.¹²

Actionplan

1. If talking about menstrual problems to female patients or even when talking to female friends/relatives, try to find out their cycle time, duration of menses, and if they suffer from dysmenorrhoea. If possible ask when the menarche occurred. Log this data into your practice workbook.
2. When you have, say, 50 records analyse the results. Do your figures agree with those in the article? If not, are there reasons for any discrepancies?
3. Explore your usual reference sources to see if you can find any evidence that taking NSAIDs before the period or pain has started has any beneficial effects (compared with taking these drugs on the first day of menstruation or onset of dysmenorrhoea) and whether the risk of side effects is increased.
4. Investigate the use of progestones to control the onset of menstruation. What do your local GPs use?
5. Try to find evidence that dysmenorrhoea may be the result of psychological factors. Is there evidence that state of mind also affects the menstrual cycle?
6. What is your view of the efficacy of OTC products that are specifically targeted at dysmenorrhoea? What do you recommend for this condition? Make sure your medicines counter assistants know your recommendations.

Summary

There are many evidence-based, effective treatments available to help women suffering from menstrual problems. Community pharmacists can help ensure that women receive the most appropriate treatment for their condition.

Vanessa Sherwood, BSc, MRPharmS, is a freelance writer, formerly C&D clinical editor. References available on request.

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the December issue, which will cover this week's CPP-accredited modules, together with those in the November, 6 and 13 issues. These will cover:

- Atrial fibrillation (1320) ● Vitamins/minerals part 3 (1321) ● Menstrual problems (1322).

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377214.

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GENUS PHARMACEUTICALS

SSRIs link with abnormal bleeding

An increased risk of abnormal bleeding has been linked to the degree of serotonin reuptake inhibition from antidepressants, claim researchers from The Netherlands.

The researchers believe this association exists because serotonin plays a part in platelet aggregation, and antidepressants affect blood serotonin levels. Of 64,000 new antidepressant users, there were 196 cases of abnormal bleeding (uterus or gastrointestinal abnormal bleeding). Inhibitors with intermediate and high degrees of serotonin uptake were associated with a twice and 2.6-fold, respectively, increased risk of hospitalisation, claim the researchers in *Archives of Internal Medicine*.

Amitriptyline (48 cases) and fluvoxamine (20 cases) were the

two drugs with an intermediate affinity for the serotonin transporter that had the highest number of associated bleeding cases. For drugs with a high degree of inhibition of serotonin reuptake, paroxetine (61 cases) and clomipramine (21 cases) had the most associated bleeding incidences. Case numbers for other commonly used antidepressants were: fluoxetine (18); sertraline (three); venlafaxine (five); citalopram (zero). Almost half (47 per cent) of the patients who experienced bleeding had uterus bleeding (including menorrhagia and post-menopausal bleeding), 16 per cent had upper GI bleeding and 11 per cent had cerebral bleeding.

For more information:

Archives of Internal Medicine 2004; 164: 2367-70



Using NSAIDs on a long-term basis for osteoarthritic knee pain is to be avoided, researchers say

NSAIDs are of little use in OA knee pain

NSAIDs, including Cox-2 inhibitors, are of limited use in osteoarthritic knee pain and long-term use should be avoided, say researchers from Norway.

The meta-analysis of 23 trials of oral NSAIDs in knee osteoarthritis found NSAIDs can reduce short term pain slightly better than placebo, but long term use cannot be supported, say the researchers.

The studies used a variety of NSAIDs including diclofenac, celecoxib, etodolac, rofecoxib,

naproxen, and combinations of these drugs. The pooled difference in pain for the studies was a 16 per cent improvement over placebo over two to 13 weeks. The researchers say patients have reported pain should be reduced by 30 per cent to be considered meaningful.

The researchers conclude that the benefits may be even less and the side effects more common in a non-study population.

For more information:

www.bmj.com

CSM updates advice on Depo-Provera

The Committee on Safety of Medicines has issued updated advice for healthcare professionals on Depo-Provera and its effects on bone mineral density.

The CSM said the evidence surrounding Depo-Provera suggests that duration of use may affect the recovery from diminished bone mineral density from using the contraceptive. It added that evidence now exists to show the contraceptive can cause bone mineral density loss in adolescents.

The CSM has advised Depo-Provera can be used as first-line contraception in adolescents only after alternative methods have been discussed and ruled out. Women with significant lifestyle and/or medical risk factors for osteoporosis should consider other forms of contraception.

Women who wish to use Depo-Provera for more than two years should undergo careful re-evaluation of the risks and benefits of treatment.

For more information:

www.mhra.gov.uk

Scriptlines

Telzir Oral Suspension

GlaxoSmithKline has launched Telzir (fosamprenavir) 50mg/ml Oral Suspension.

It is licensed in combination with low dose ritonavir for the treatment of HIV in adults over 18 years old. It should be taken without food, on an empty stomach. It should not be taken

with rifampicin or St John's wort.

For antiretroviral naive and experienced patients, the dose is 700mg twice daily with 100mg ritonavir twice daily in combination with other antiretrovirals.

Price: £78.83

Pack size: 225ml

Pip code: 310-1193

GlaxoSmithKline

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<http://emc.medicines.org.uk>

THE STRONGEST AAA BENZOCAINE SORE THROAT SPRAY AVAILABLE!



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Contains cetylpyridinium chloride
• Long spray arm for effective delivery at the point of pain

Symptomatic temporary relief of pain in mild to moderate sore throat pain and minor infections

For further information Manx Healthcare Ltd, PL Holder, Manx Pharma Limited, 1 Hawkes Drive, Warwick, CV34 6LX. Tel: 01926 461628

MANX Healthcare

Selenium goes for new identity

Wassen International is relaunching its Selenium-ACE Extra selenium supplement with a new name and formulation.

Now called Selene-Activ, the supplement is an antioxidant combination of selenium and broccoli extract.

Each one-a-day tablet contains 200µg of selenium, 100µg of sulforaphane (broccoli extract) vitamin E (20mg), vitamin C (100mg), zinc (8mg) and alpha lipoic acid (20mg).

The supplement is formulated to help neutralise free radicals



circulating in the body, optimise the immune system and support the integrity of the body's cells.

It is targeted at older people who wish to maintain healthy joints, those who regularly succumb to infections and sports people because higher levels of physical activity can increase the need for extra antioxidant protection.

Price: £5.95

Pack size: 30 tablets

Pip code: 265-6114

Chemist Brokers

Tel: 023 9222 2500

Electro-acupuncture gets the thumbs up

A French electro-acupuncture device that claims to suppress either hunger or the desire to smoke is being introduced into UK pharmacies.

AcuOne is a portable device presented on a lightweight, discreet wrist strap. It is based on the same principles as acupuncture and seven points on the inside of the wrist are stimulated in combination.

The device is positioned on the inside of the right wrist with the seven electrodes in contact with the skin. It is programmed to operate for a period of two minutes

during which time a blue arrow will flash and it will stop automatically.

The manufacturers say

the product should be activated four times a day.

The device gives off tiny electric impulses and must not be used by pregnant women or wearers of pacemakers.

The product has a one-year warranty and comes in two versions – AcuSmoke or AcuDiet. Packaging is in a tin with spare batteries included.

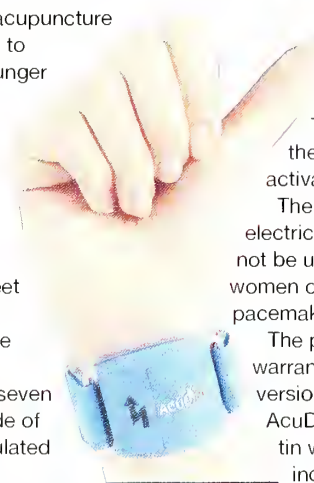
Point of sale material is

available for pharmacies.

Price: £79.95

Cardiacare Ltd

Tel: 01708 370000



Low carb bars for chocoholics

The Health & Diet Company is introducing two low-carb chocolate bars into its CarbWise range of snack bars which was launched earlier this year with supermodel Rachel Hunter.

Chocolate Almond and Chocolate Raspberry bars are designed to offer a convenient and tasty alternative to carbohydrate-rich chocolate but only contain two net carbs per bar.

Research shows that over three million Britons are now carb-conscious. One in five people are 'watching their carbs' compared to one in 50 who are following the Atkins diet.

Price: £0.99

The Health & Diet Company

Tel: 01283 560093



Clearer message for Corsodyl

GlaxoSmithKline Consumer Healthcare is repackaging its Corsodyl medicated mouthwash.

The new look is designed to clearly highlight the product's key indications – bleeding gums, irritated gums and mouth ulcers.

The company says it has made the changes as a result of professional and consumer feedback which favoured a more consumer friendly approach.

The chlorhexidine digluconate mouthwash is available in two flavours – Original and Mint.

Price: £4.15

Pack size: 300ml

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GlaxoSmithKline Consumer Healthcare

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KEY FACTS

- London and Manchester remain on Pre Alert this week, with all other cities shown on Advisory status
- 3.8 million people (over 7% of the population) will be suffering from a respiratory illness
- Coughing is still the most prevalent symptom, with nasal congestion, sore throat and chest congestion also increasingly widespread

● Cities on Normal
● Cities on Advisory
● Cities on Pre-Alert
● Cities on Alert

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Voltarol gets into bed with hospital drama

Novartis Consumer Health has announced its first TV sponsorship deal for Voltarol Emulgel P.

The topical analgesic is sponsoring ITV's hospital drama *The Royal* which returns to national TV for a new series in December.

The spin-off from *Heartbeat* takes a prime-time Sunday evening slot and will carry opening and closing sponsorship branding for Voltarol throughout winter.



The sponsorship is part of a £1 million campaign which also includes press advertising.

For more information:

Novartis Consumer Health
Tel: 01403 210211



Sponsored by



Accu-Chek: Sat

Benlylin All areas

Bisodol: Sat

Blistex: GMTV, Sat

Calpol: All areas except U, GMTV

Clever White: GMTV, Sat

Covonia: five, GMTV, Sat

Cura-Heat: All areas except C4, five

Horlicks: B, G, Y, C, TT, C4

Lemsip: All areas except CTV

Meltus: five, GMTV, Sat

Multibionta: C4, Sat

Nytol: All areas except U, GMTV

Olbas for Children: five, GMTV

Olbas range: five, GMTV, Sat

Palmer's Cocoa Butter Formula: C4, Sat

Scholl Party Feet: C4, five, Sat

Setlers: five, GMTV

Sudafed: All areas except U, GMTV

Vmea: G, Sat

Virax: All areas except U, CTV, GMTV

Pharmasite for next week: Ibuleve – window, Ibuleve – in-store, Medinite – dispensary

A-Angle, B-Border, C-Central, C4-Channel 4, Five-Channel 5, CAR-Cariton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



Winter boost for Beechams

GlaxoSmithKline Consumer Healthcare is backing its Beechams brand with a £5 million campaign this winter.

Beechams All in One will be on national TV with the brand's Folklore commercial appearing from December 6 until the end of January. This will be reinforced by a radio campaign featuring a humorous commercial themed around the idea of having it all.

Beechams Max Strength Sore Throat Relief Lemon & Honey or Blackberry Lozenges will be featured in a poster campaign from the end of November until the end of January. The lozenges will also be advertised on GMTV.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Cough Nurse gets extra exposure

Cough Nurse Night Time Liquid will be in the public eye this winter backed by a £0.8 million seasonal package for the Nurses range until late January.

Activity includes radio and press advertising themed around dreams and helping to prevent a night-time cough interrupting them.

In addition, there will be Pharmasite poster advertising and new point of sale material.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637



Essential Information

Product Name: Zocor Heart-Pro® 10mg tablets. **Presentation:** Peach-coloured, oval-shaped tablets containing simvastatin 10mg. **Indications:** To reduce the risk of a first major coronary event (non-fatal myocardial infarction and coronary heart disease (CHD) deaths) in individuals who are likely to be at moderate risk (approximately 10-15% 10 year risk of a first major event) of CHD.

Dosage and Administration: Take one 10mg tablet daily at night. Not recommended for paediatric use.

Contraindications: Hypersensitivity to simvastatin or any of the excipients; previous history of muscular toxicity with a statin or fibrate; individuals already taking prescription cholesterol lowering drugs; concomitant administration of potent CYP3A4 inhibitors (e.g. itraconazole, ketoconazole, HIV protease inhibitors, erythromycin, clarithromycin, telithromycin and nefazodone); active liver disease or unexplained persistent elevations of serum transaminases; pregnancy and breast-feeding; women of childbearing potential. **Precautions:** Zocor Heart-Pro® is not intended for individuals who are known to have: existing coronary heart disease, diabetes, history of stroke or peripheral vascular disease, familial hypercholesterolaemia. Individuals with hypertension should consult their doctor before undertaking treatment. Individuals with a fasting LDL-cholesterol level of 5.5 mmol/l or greater should consult their doctor. All individuals must be advised of the risk of myopathy and told to stop taking Zocor Heart-Pro® if they experience unexplained generalised muscle pain, tenderness or weakness. People aged >70 years or with hypothyroidism, renal impairment, personal or family history of hereditary muscle disorders should not take Zocor Heart-Pro® except on medical advice. Product should be used with caution and under medical supervision in people who consume substantial quantities of alcohol and/or have a history of liver disease. If treatment with itraconazole, ketoconazole, erythromycin, telithromycin or clarithromycin is unavoidable, therapy with Zocor Heart-Pro® should be suspended during the course of treatment. Concomitant use with potent inhibitors of CYP3A4, e.g. ciclosporin. Individuals with rare hereditary problems of galactose intolerance, or glucose-galactose malabsorption should not take this medicine. **Side Effects:** Most commonly reported side effects were: abdominal pain, constipation, flatulence, asthenia, headache. The following side effects have also been reported: anaemia, paraesthesia, dizziness, peripheral neuropathy, dyspepsia, diarrhoea, nausea, vomiting, pancreatitis, hepatitis/jaundice, rash, pruritus, alopecia, myopathy, rhabdomyolysis, muscle cramps, myalgia. Apparent hypersensitivity syndrome has been reported rarely. Increases in serum transaminases, alkaline phosphatase and serum CK levels. **Legal Category:** P. **PL Number:** PL 13249/0039. **PL Holder:** Johnson & Johnson MSD Consumer Pharmaceuticals, High Wycombe, Buckinghamshire HP10 9UF, UK. **Packaging Quantities:** 28 tablets. **Price:** £12.99 (RRP). **Date of Preparation:** May 2004.

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Women who simply don't realise that they are at moderate risk of a heart attack.

Now, as well as giving them good advice on heart health, you can get them to take positive, preventive action. When you find that a customer could be at moderate risk, that's a 1 in 10 to 1 in 7 chance of a heart attack in the next 10 years, you can give them the good news that taking Zocor Heart-Pro® can reduce their heart attack risk, for example, by about a third over 3 years. Their risk stays lower as long as they continue to take Zocor Heart-Pro®. We've given you the tools to identify customers at moderate risk, so that you can supply them with Zocor Heart-Pro® without a prescription, as part of a healthy heart programme. Together, we can start saving lives.



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CONSUMER PHARMACEUTICALS

New ways of learning

Asha Fowells reports on how staff and students have found the first year of the new pharmacy course at the University of East Anglia

When the University of East Anglia opened its doors to pharmacy undergraduates last September, it was the first new pharmacy degree in the UK for over 30 years. A year on, a second cohort of students has been admitted, and everything seems to be running smoothly.

Sixty-two students are now in their second year, and 92 undergraduates, including four international students, joined this year. Pharmacy practice head Dr David Wright explains that student numbers are being purposely kept low, despite going against the trend for SoPs to increase student intake. "We can provide more personalised tuition, which makes it more enjoyable for the staff, and the students feel they know the staff better."

The UEA has long had a good reputation for science, as proved by the Grade 5 that was awarded by the Research Assessment Exercise to the School of Chemical Sciences' research facilities in 2001. The ratings scale goes from 1 to 5*, and the grade awarded affects the amount of research funding allocated to each institution.

In 2002, the faculty was expanded to incorporate the MPharm course and became the School of Chemical Sciences and Pharmacy. The pharmacy department is currently housed in the chemistry block, close to all campus amenities and student accommodation, though a purpose-built school of Pharmacy is being discussed. There are 40 members of teaching staff, including staff from the chemistry faculty and other health practitioners, two from community and two from the hospital sector. Recruiting staff wasn't a problem, says SoP head Professor Duncan Craig: "Academic staff came to the UEA for the chance to start a new degree with a new approach. It was a challenge

people couldn't resist, hence all teaching staff are enthusiastic and dedicated."

Despite the move away from traditional teaching methods, the course is based around the Royal Pharmaceutical Society's indicative syllabus. However, every module is assessed for relevance to practice and an appropriate amount of time allocated. For example, though pharmacognosy is covered, a minimal amount of time is spent on the subject, whereas calculations and statistics are taught from the first year.

Professor Craig comments: "It's a modern course integrated into the real world." So as well as ensuring all modules are relevant and useful, transferable skills such as using IT packages, putting together and delivering presentations, writing CVs and filling out application forms, are covered.

From the left: course director Bob Shaw, senior pharmaceuticals lecturer Dr Susan Barker, pharmacy practice head Dr David Wright and SoP head Professor Duncan Craig



One innovative aspect of the course is interprofessional learning. Pharmacy undergraduates work in small groups with students from other healthcare disciplines including medicine, nursing and physiotherapy, on clinical scenarios. This promotes understanding and respect for other professionals' roles, as well as multidisciplinary working.

Problem-based learning is another teaching method employed. Groups of pharmacy students are given practice scenarios, asked to identify their learning outcomes, and given two weeks for research before presenting the case back to their pharmacy practice tutor and peers. Dr Wright says: "Within one scenario students utilise knowledge from pharmaceutical chemistry, pharmaceuticals, pharmacology and pharmacy practice."

Technology is embraced wherever possible. The course uses the Blackboard system, a platform for computer-assisted learning via the web, and students have free printing facilities. This dispenses of traditional note taking during lectures. Instead, students print the notes before going to lecture and annotate them during the session.

Assessment of students' progress is not carried out using traditional exam methods. For example, portfolio-based assessment comprises 50 per cent of pharmacy practice modules, objective structured clinical examinations (OSCE) a third, with open book

multiple choice papers making up the rest. OSCE is an exam method that gauges various aspects of clinical competence, and is scored according to pre-set and explicit criteria.

The department is soon to embark on postgraduate pharmacist training. From next September, portfolio-based clinical diplomas for community, hospital and primary care pharmacists will be available. Dr Wright comments: "We are talking to pharmacists in the region to see what they want."

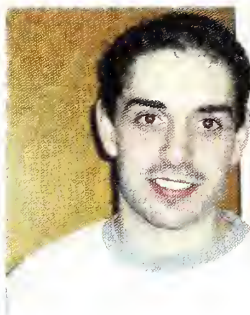
The future of UEA pharmacists is also being thought about. In their third and fourth years, students will be able to choose prescribing as one of their optional modules. This, it is hoped, will allow them to do the necessary practical training to become supplementary prescribers once they have been registered for two years, without having to cover the theory.

So what have the students made of the first year? James Gleeson says: "It's been stressful, but enjoyable and I've learnt a lot. I came through clearing but was attracted by the good facilities and the staff seemed enthusiastic because it was all new. I've visited friends who are studying pharmacy at other universities like Aston, Nottingham and Leicester, but I still would have chosen here." One of Mr Gleeson's first-year placements has helped focus his mind on his future career: "I really wanted to do industrial pharmacy and now I'm really put off. It wasn't at all what I thought it was."

Fellow student Sheriff Salaam agrees the placements are helpful: "They clear all doubt from your mind – it's good to see where you'll be in the future." Mr Salaam rates the problem-based learning highly: "It was well planned and structured. You feel you can learn at your own pace and get given time to research things instead of being bombarded with information in lectures." But the students say there have been teething problems. One downside of being the first students on a new



Sheriff Salaam: "Placements are helpful"



James Gleeson: "It's stressful but enjoyable"

course is the library, which they say contains only a few copies of core textbooks and has little space given over to pharmacy. Professor Craig says such feedback is invaluable in highlighting certain issues and students are encouraged to come forward with their views via staff-student liaison.

"We have to be responsive. If something needs fixing, we fix it

without worrying about whose fault it is," Professor Craig says. The students agree, saying any concerns they have raised have been tackled quickly and effectively. And they comment that although the workload has been heavy, they benefit from a lot of support from their tutors.

The UEA MPharm has been RPSGB approved to accept first-year students in 2003 and 2004, and is subject to annual visits by the Society while the first cohort of students completes the course. After that, the course will be subject to accreditation up to every five years, depending on the outcome of the previous RPSGB inspection. The last visit was in February, and Professor Craig says it went well: "They were very complimentary and happy with how we are doing things."

This September saw students admitted to the Schools of Pharmacy at Medway and Kingston, with Hertfordshire and Reading universities planning to accept pharmacy undergraduates from September 2005, but Professor Craig says he is not worried about the competition.

"It's healthy in the UK that there is diversity between SoPs and we're intending to be very good, not just survive. We felt it was a chance to do things properly instead of just following tradition. And I'm delighted at how it's gone so far." ☺



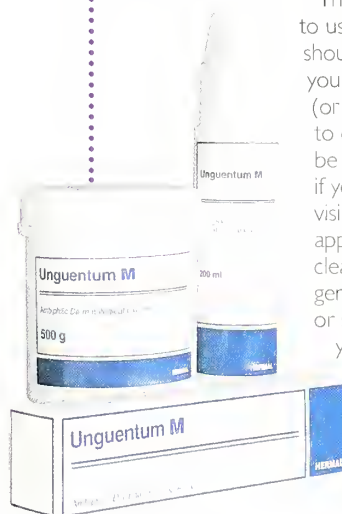
During the day my skin often gets exposed to cleaning agents and detergents. As a result, I sometimes suffer from very dry skin and even irritation. I don't like using heavy ointments at work, as they are impractical and messy to use. Is there anything you can recommend that I can use to protect my skin during the day?

Cleaning agents and detergents can have a marked drying effect on skin as many of them remove the protective fatty substances (lipids) from the top layers of skin. The damaged skin quickly starts to crack and flake. In this condition, irritant compounds are more likely to penetrate the deeper layers and trigger irritation or inflammation.

It would be wise to wear protective gloves whenever possible to minimise your contact with cleaning agents and detergents, however, this is not always convenient or possible.

In order to protect your skin you need to use an emollient product to replace the skin lipids removed by cleaning products. Unguentum M would be a good choice because it is an unusually rich cream. It is pleasant to apply and is easily absorbed, making it very suitable for regular daytime use. It will counteract the dryness without being messy to use.

The secret of success with emollients is to use them frequently. Unguentum M should be applied as soon as possible after you have washed and dried your hands (or any other skin that has been exposed to cleaning agents or detergents). It can be used after every wash and in between if your skin starts to feel dry or if there is visible flaking. Unguentum M can also be applied before exposing the skin to cleaning agents or detergents – a generous layer on particularly vulnerable or sensitive areas can help to protect your skin from damage.



Prescribing information

Unguentum M is an amphiphilic topical preparation with emollient properties, which contains the high lipid content of an ointment but also has the water miscible characteristics of a cream.

Contains: Purified water, white soft paraffin, cetostearyl alcohol, polysorbate 40, propylene glycol, glycerol monostearate 40-55, liquid paraffin, medium-chain triglycerides, sorbic acid, colloidal anhydrous silica, sodium hydroxide.

Uses: Unguentum M has emollient properties and is recommended for the symptomatic treatment of dermatitis, nappy rash, ichthyosis, eczema, protection of raw and abraded skin areas, pruritus and related skin conditions where dry scaly skin is a problem, and as a pre-bathing emollient for dry/eczematous skin, to alleviate drying effects. It is also used as a diluent for various topical corticosteroid formulations where a lower strength preparation is required and as a general base for extemporaneous dispensing.

Dosage and administration: A thin application of cream should be gently massaged into the skin three times daily or at appropriate intervals. When used as a protective cream, Unguentum M should be applied sparingly to the affected areas of the skin before, or immediately after, exposure to a potentially harmful factor.

Contraindications, warnings etc: Unguentum M should not be used in patients sensitive to any of the ingredients.

Undesirable effects: None known.

Package quantities: 50g and 100g tubes, 500g tub and 200ml pump pack.

Basic NHS cost: 50g £1.51, 100g £3.13, 500g £9.55, 200ml £8.19.

Legal category: POM.

Product licence number: PL 00327/0115.

Product licence holder: Crookes Healthcare Ltd, Nottingham, Notts, UK.

Date of preparation of this item: Oct 2004.



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Taking the lead

How would you advise a teenage girl about the risks of pregnancy? Or persuade a testosterone-fuelled young stud to practise safe sex? And is it your business anyway? Many pharmacists understandably shrink from these sensitive issues because they don't want to appear intrusive or because it's embarrassing. Others are finding subtle ways of promoting sexual health as part of an extended role in general health promotion or as an extension of the services they already offer.

Jonathan Burton, a pharmacist at the Campus Pharmacy, Stirling University, agrees it is a difficult area in which to be proactive. Family planning services are already well established through his local GPs, so he has helped develop an EHC patient group direction that pharmacists are using as a platform from which to develop sexual health advice.

Forth Valley Health Board's health promotion department is providing free condoms and pregnancy tests through two thirds of the pharmacies in the area. Free consumer leaflets on sexually transmitted infections focus on chlamydia and include details of local genito-urinary medicine clinics.

"Our scheme is reactive in that we need to be approached for EHC before we broach the subject of sexual health, but at least we are extending our advice in this direction," he says. "One way we are being more proactive – rather than waiting for customers to come to us first – is to publish a full page article on STIs and contraception in the student newspaper twice a year."

Pharmacists in the scheme received training on sexual health issues, the problems of teenage pregnancies and how to handle requests for EHC sensitively. The aim was to give them confidence to discuss sexual health issues. It's difficult talking to people about sexual behaviour, but, he claims it gets easier with practice.

"You have to be as unobtrusive as possible and explain that the pharmacist has to ask standard questions before supplying EHC," he explains. You can try to point out the risks of exposure to STIs with multiple partners, without seeming to accuse the customer of being promiscuous. "A lot of pharmacists struggle with the concept of using their professional judgment in areas that are not clear cut or if there are no guidelines laid down in *Medicines, Ethics and Practice*. It's a



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Pharmacists are often told they have a role in sexual health promotion. But what can they do besides display condoms? Adrienne de Mont talks to pharmacists who are being more proactive in this area

hurdle we have to overcome if we are to move into these more consultative roles. With pharmaceutical care interventions, communication skills rather than mechanical skills come into play."

Pharmacists have to make such decisions all the time when selling EHC, for example, how can you trust a young teenager who claims she is over 16 but looks younger? "You need to go to great lengths to make sure she doesn't walk out of the door and not seek help from anyone, but at the same time you must be aware of the legal and ethical limitations. You have to make professional judgements on the spot."

As a younger pharmacist, he might have more empathy with young people than someone who qualified when moral codes were totally different. To some extent, this is irrelevant, he feels, because pharmacists can't hide behind their own beliefs but have a duty to help or, if there are religious reasons for not getting involved, to direct the patient elsewhere. The age question can just as easily apply the other way round, he says. "If I'm dealing with a 75-year-old, I must still match my skills with what the patient needs. It's all part of being a professional."

'Freshers' campaign

Pharmacies situated close to the Queen's University Belfast ran a sexual health campaign aimed at students after doctors at the university health centre became alarmed by the increase in STIs.

Initially seven pharmacies took part in a month-long campaign, displaying posters and leaflets or even devoting complete windows to the theme "Don't gamble with your sexual health". Self-adhesive labels were attached to OTC medicines that might be linked to STI symptoms, for example, thrush treatments

warned that discomfort and discharge could indicate infections other than thrush, and advised purchasers to see a pharmacist or GP if in doubt.

In a two-day intensive sexual health promotion, the students' union set up a 'Freshers' Week' stall, with two pharmacists in attendance to answer queries. First-year 'freshers' packs were also identified as a potential way of highlighting key facts about STIs and the pharmacists' role.

The pharmacists taking part attended two

Continued on page 30 ►

The problems

New diagnoses of STIs increased by 4 per cent to 708,083 in GUM clinics in England, Wales and Northern Ireland during 2003.

New cases of chlamydia rose by 9 per cent to 89,818, syphilis increased by 28 per cent to 1,575 and genital warts by 2 per cent to 70,883. But new diagnoses of gonorrhoea decreased by 3 per cent to 24,309 compared with the previous year and genital herpes declined by 2 per cent to 17,990.

The continued rise is partly attributable to more people coming forward for testing because of greater awareness of STIs, according to the Health Protection Agency, which published the figures last July. The fall in gonorrhoea reflects the prompt action of GUM physicians in changing treatment, according to data from the HPA Gonococcal Antibiotic Resistance Surveillance Programme. Latest STI data is on www.hpa.org.uk/infections

Promotion

Breathe easy with the new Vicks range

Electrical and digital **Vicks** products have been an enormous success since they were launched by BeWell Ltd in 2000. Today the products are distributed by Kaz Consumer Products (UK) Ltd.

The New **Vicks** range promotes the thermometry category upfront and also promotes drug-free steam inhalation for clear and easy breathing.

The **Vicks** name has now been firmly associated not only with rubs but also with thermometers in the UK, thanks to the wide selection of thermometers available from **Vicks**.

The new **Vicks** range has also created a new healthcare category in pharmacy, namely the vaporiser and humidifier category. The popularity of

these products is now firmly established as pharmacists and consumers have become more aware of the benefits of clean air; humidified air for allergy sufferers and for people seeking clear and easy breathing.

Another reason for the rise in consumer awareness is the use of air conditioners in the summer and central heating during the winter months. Humidification is becoming an all year round answer for easy breathing.



training days on STIs and how to refer patients. A funding commitment came from Building the Community-Pharmacy Partnership, a Government initiative set up to help local communities work with pharmacists to address local health and social needs.

Peggy Sheridan, manager of Botanic Pharmacy, says the pharmacists felt they needed extra training to be aware of the signs and symptoms of STIs, as well as knowing how to counsel on such sensitive issues. "But privacy was probably the most important issue – giving pharmacists the confidence to talk in an open and sympathetic manner in words that the students could understand."

Bringing up the subject was made easier by having a poster in the window explaining that the pharmacist had received specialist training. A direct referral system is now planned so pharmacists can make GUM clinic appointments for students in the pharmacy.



Hilary Edmondson with the PSNC Community Pharmacy Development Award. Chlamydia testing through pharmacies in Hull and East Yorkshire are being funded free

The policies

- The Government's teenage pregnancy strategy aims to halve the under 18 conception rate in the 10 years to 2010, with campaigns to help young people resist pressure to have sex early, improved relationships education and access to "young people friendly" contraceptive and sexual health advice.

- The Government's Public Health White Paper, *Choosing health*, published last week (C&D, November 20, p4), gives a high priority to sexual health. A new national campaign aims to persuade both men and women of the benefits of using condoms. A national screening programme for chlamydia is expected to cover the whole of England by 2007.

- The Department of Health has awarded the National Pharmacy HealthLink, the Faculty of Public Health and the UK Public Health Association a contract to develop a framework to increase pharmacy's contribution to health promotion, including sexual health. The consortium is working with the Department to

Working together

A sexual health proposal in South London aims to incorporate pharmacies alongside GUM clinics, acute trusts, PCTs, GPs and reproductive health services. It is part of a modernisation programme across Lambeth and Southwark in which sexual health services have been identified as among the three highest priorities (the others being renal and stroke services).

The programme will extend a successful scheme in which community pharmacies have been supplying EHC on a PGD since 2000. It is hoped that some pharmacies will provide free chlamydia testing and, if necessary, treatment under a PGD. Details of the pilot, expected to start in the next phase of the programme, have yet to be finalised.

Beth Taylor, specialist principal pharmacist, Community Care London/South, says: "The difference with this development is that it's not just a pharmacy project but part of a whole system modernisation programme linking in with all the other relevant services. There's tremendous enthusiasm for using community pharmacy to take this forward."

Chlamydia testing

Last month 25 pharmacies in Hull and East Yorkshire started issuing free chlamydia tests to young adults in a pilot scheme.

The area has the highest rate of chlamydia infection outside London, as well as a high incidence of teenage pregnancies. A local government-funded chlamydia awareness screening programme (CASPIER) has already found that 17 per cent of clients, although symptom-free, have tested positive.

develop a 10-year pharmaceutical public health strategy, to be published early next year (C&D, November 20, p12).

- The draft national recommended standards for sexual health services proposes 10 standards for areas including sexual health promotion, access to services, managing STIs, contraceptive provision and abortion services (see NPA's response under "Prescribing the Pill"). Among the proposals are that:

- People should have access to free provision of all contraceptive methods including condoms.

- People should get appointments with a contraceptive provider within two working days and prompt access to their chosen methods.

- They should know what to do if their chosen methods fail.

- Women who think they may be pregnant should have rapid access to free and confidential pregnancy testing at clearly advertised locations, with same day results.



Bringing up the subject was made easier by having a poster in the window

The pharmacies in the pilot are already supplying EHC under a PGD. The 52 pharmacists have received further training on STIs and counselling skills, with funding for this and other set-up costs obtained from a PSNC Community Pharmacy Development Award. The free chlamydia tests are available to women under 25 on request and to clients under 25 seeking EHC.

Pharmacists advise on how to use the tampon-like kit (BDProbe Tec swab), which the women post to a laboratory in a pre-paid envelope. The results are sent to CASPIER nurses who then give treatment and trace contacts. At present the pharmacy involvement ends there, but the next phase might allow pharmacists to issue a single dose of antibiotic under a PGD where necessary. Men cannot be tested as yet because the pharmacies do not have the facilities for storing the urine tests in a fridge, but clients can be referred to GUM clinics.

The PCT is paying pharmacists £2.50 per test issued or client advised up to an agreed maximum in six months, with all other costs being met by the CASPIER programme. The pharmacy service will be assessed for client satisfaction, the number of tests returned to the laboratory and proportion of positive results, and the number of clients reporting for treatment and contact tracing.

Hilary Edmondson, community pharmacist and lead for the Hull Pharmacy Research Network, says: "Pharmacists have told us it's difficult to broach the subject of STIs, in spite of training in communication skills. It's easier when supplying EHC because they must give advice on prevention of STIs as part of the protocol. They could say: 'If you would like a chlamydia test I can provide one free to you now,' but a woman seeking EHC probably has enough on her mind already and might not be



easy to talk to if they want to discuss chlamydia infection."

The pharmacy involvement came about because of successful collaborative work done by the pharmacy development group and LPC professional development pharmacist when setting up the EHC scheme. There were also close links with a central sexual health facility in Hull, which encompasses all services such as AIDS and GUM clinics.

For men

The National Pharmaceutical Association is supporting a chlamydia screening programme in Telford and Wrekin PCT as part of a Men's Health Forum initiative. Men can obtain tests from a variety of settings, including pharmacies, and send them to a lab for analysis. If positive, clients can get azithromycin under a PGD from the pharmacy, GUM clinic or GP.

Free EHC pilot

In early 2005, NHS Greater Glasgow is to start a pilot in which about 30 pharmacies will supply free EHC to women under 20. This is an extension of the existing service in which anyone can access free emergency contraception through their GP, A&E unit or sexual health services in the city. The pilot is modelled on pharmacy-based schemes already operating in other parts of Scotland, including Lothian, Grampian and Fife. Several other NHS Boards are planning to introduce similar schemes over the next few years.

receptive to the idea. So the PCT is providing publicity in local newspapers and radio highlighting the availability of the tests through pharmacies. Another suggestion is to have posters in public places frequented by young people."

The pharmacists have leaflets on chlamydia, which they can offer to clients and say: "Come back later if you wish to discuss anything."

A totally private area in the pharmacy is crucial. "We expect clients to find the pharmacy easy to access and will find the trained pharmacist approachable and

Prescribing the Pill

Supplementary prescribing of oral contraceptives could give pharmacists the potential to become more involved in contraceptive services, especially if they can provide blood pressure monitoring.

In its response to a consultation on national sexual health standards, the NPA highlighted the role that appropriately trained pharmacists might play in medication management. This could include helping professionals and patients to balance the risks and benefits of different oral contraceptives, ensuring that problems are dealt with competently and optimising the contraceptive care of older women. "Furthermore, we would like to see hormonal contraception therapy as one of the first medications available for independent prescribing by community pharmacists," says the NPA.

The NPA argues that long-term funding is essential. Many excellent pharmacy services, such as EHC and needle exchange, are often pilot schemes without sustainable funding.

"Using the pharmacy contract as a platform, these services could be formalised as part of sexual health provision as an integrated, properly funded local service, based on local need."

The draft national recommended standards for sexual health services proposes setting up sexual health networks to provide integrated healthcare delivery. The NPA

Continued on page 32 ►

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COUNSELLING

"The run up to Christmas is hectic and I'm struggling to balance work with my social life. I'm feeling a bit stressed and as a result I have started to suffer from heartburn. Can you recommend something to take away the discomfort; it seems to get worse at night?"

A Heartburn is a form of indigestion which is characterised by a burning pain behind the sternum and tends to be caused by reflux of the acidic stomach contents into the oesophagus. This reflux into the oesophagus makes the mucus membrane irritated and inflamed, which in turn causes a burning pain in the centre of the chest. Stress can exacerbate the symptoms as can exercise, lying down, eating large meals especially late at night, tight clothes and smoking. It's not surprising that people may suffer more over the festive season.

Patients tormented by heartburn may also have several other indigestion symptoms such as acid at the back of the throat and nausea. Therefore, it may be helpful to recommend a multi-symptom product that combats several common upper gastrointestinal (GI) indicators.

Pepto-Bismol is a multi-symptom remedy for most common GI complaints. It gets to work fast on heartburn but can also treat some other signs of indigestion or over-indulgence simultaneously. **Pepto-Bismol's** active ingredient, Bismuth Subsalicylate, works directly on the GI tract and offers effective, rapid relief due to its unique triple action formula.

Pepto-Bismol's demulcent base has a coating action which soothes and protects the GI tract against further irritation. This can provide rapid relief from heartburn and other indigestion symptoms without interfering with the stomach's natural digestive processes.

Nausea, an upset stomach and diarrhoea may also occur with heartburn. **Pepto-Bismol** treats diarrhoea by inhibiting the cause of infection by its anti-microbial action.

Bismuth Subsalicylate, the active ingredient in **Pepto-Bismol** works by inactivating bacteria that cause diarrhoea and stomach upsets as well as reducing fluid flow into the GI tract via its anti-secretory action by inhibiting prostaglandin synthesis. In this way **Pepto-Bismol** helps treat the root cause of the problem.

All this combined means that **Pepto-Bismol's** unique active and triple action formula can treat heartburn along side other upset stomach symptoms and gives fast, effective relief without the need to take several medicines.

suggests these networks should:

- Recognise the contribution community pharmacies make in giving information to patients, signposting them to other professionals and providing contraception, STI screening, supply of HIV medication and needle exchange schemes.
- Include community pharmacies in schemes that provide access to free condoms, especially during their extended opening hours.

A number of pharmacies in each locality could also provide free, anonymous and easily accessible pregnancy testing to support local abortion services.

Not just condoms

Promoting the use of condoms by supplying leaflets about good sexual health practice is one way pharmacists can help, says SSL International. Displaying the leaflets away from the condom display means they can be accessed without embarrassment.

Pharmacists should have a good knowledge of sexual health services in their area. They can also train staff to answer simple questions and refer young people to local sexual health organisations if there are queries they are unable to answer.

Pharmacy staff need to know about different condoms so they can recommend the most suitable product for the individual, the company says.

Sexual Health News is a Durex-produced quarterly newsletter for healthcare professionals. A guide for pharmacists to use during EHC consultations advises on questions that might be asked and stresses the importance of using condoms correctly to prevent unplanned pregnancies and STIs.

Product news

Research shows that more than six in 10 sexually active adults choose condoms as their main method of protection.

SSL International is investing almost £3 million in 2004-05 on press, cinema and online advertising, sponsorship activities, sampling campaigns and point of sale material for Durex. The Durex-organised National Condom Week (the date is not yet finalised for 2005) aims to raise awareness of the safer sex message.

"Communicating the message that safer sex is fun and exciting is vital in successfully educating young people, helping reduce the rate of unplanned pregnancy and STIs," the company says.

● Roche Consumer Health is planning consumer public relations for Cystopurin at Christmas, one of the times when cystitis is most common. The company is investing in education on its causes, treatment and prevention. ☺



Durex Pleasuremax, with a ribbed and raised dot surface, is the latest addition to the products which offer enhanced pleasure

Helplines and websites

- **FPA** 0845 310 1334 (Monday to Friday 9am-6pm) www.fpa.org.uk (STI information on the 'I need help' site)
- **Sexual Health Line** 0800 567123 (24 hours)
- www.herpex.org.uk
- www.durex.co.uk
- www.durexchange.co.uk – a website allowing sexual healthcare professionals to exchange information online

For young people

- **EHC** – (sponsored by Schering Health Care) 0845 609 6767 (Monday to Friday 8am-6pm)
- www.ruthinking.co.uk
- www.playingsafely.co.uk

Look out for Pepto-Bismol on PharmaSites across December

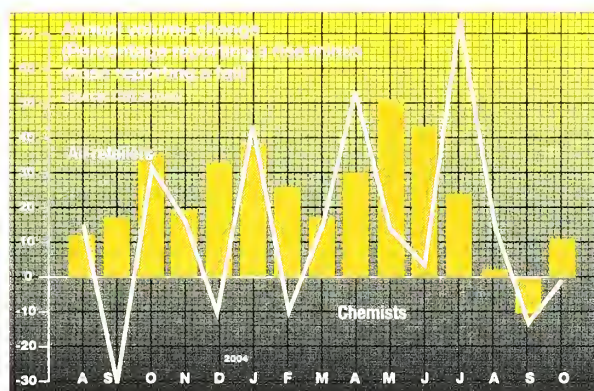
Prescribing Information for Pepto-Bismol

Pepto-Bismol contains Bismuth Subsalicylate 120mg/5ml. It is used to treat indigestion and heartburn. It also helps to relieve stomach pain, nausea, and diarrhoea. It is safe for most people, but should not be used by children under 16 years of age. It should not be used by pregnant women. It should not be used by people taking aspirin or other salicylates. It should not be used by people taking warfarin. It should not be used by people taking methotrexate. It should not be used by people taking digoxin. It should not be used by people taking lithium. It should not be used by people taking theophylline. It should not be used by people taking tetracycline. It should not be used by people taking penicillin. It should not be used by people taking erythromycin. It should not be used by people taking ciprofloxacin. It should not be used by people taking levofloxacin. It should not be used by people taking moxifloxacin. It should not be used by people taking rifampin. It should not be used by people taking vancomycin. It should not be used by people taking teicoplanin. It should not be used by people taking fusidic acid. It should not be used by people taking clindamycin. It should not be used by people taking metronidazole. It should not be used by people taking tinidazole. It should not be used by people taking secnidazole. It should not be used by people taking nitrofurantoin. It should not be used by people taking trimethoprim-sulfamethoxazole. It should not be used by people taking co-trimoxazole. It should not be used by people taking dapsone. It should not be used by people taking pyrazinamide. It should not be used by people taking isoniazid. It should not be used by people taking rifabutin. It should not be used by people taking delamanid. It should not be used by people taking bedaquiline. It should not be used by people taking clofazimine. It should not be used by people taking prothionamide. It should not be used by people taking thioamides. It should not be used by people taking ethambutol. It should not be used by people taking cycloserine. It should not be used by people taking para-aminosalicylic acid. It should not be used by people taking fluoroquinolones. It should not be used by people taking glycopeptides. It should not be used by people taking lipopeptides. It should not be used by people taking oxazolidinones. It should not be used by people taking streptogramins. It should not be used by people taking lincosamides. It should not be used by people taking macrolides. It should not be used by people taking tetracyclines. It should not be used by people taking aminoglycosides. It should not be used by people taking polymyxins. It should not be used by people taking glycopeptides. It should not be used by people taking lipopeptides. It should not be used by people taking oxazolidinones. It should not be used by people taking streptogramins. It should not be used by people taking lincosamides. It should not be used by people taking macrolides. It should not be used by people taking tetracyclines. It should not be used by people taking aminoglycosides. It should not be used by people taking polymyxins.

Use in pregnancy should be avoided. Use with caution in patients taking anti-coagulants or oral therapy for diabetes or gout. May cause a temporary darkening of the tongue and/or stool. If symptoms are severe or persist for more than 2 days a doctor should be consulted. Do not exceed the stated dose. Keep all medicines out of reach of children. Product licence number: PL 0364/0025. Product licence holder: Procter & Gamble (Health & Beauty Care) Limited, Rusham Park, Whitehall Lane, Egham, Surrey, TW20 9NW. Legal category: P. Price (excluding VAT): £2.54 (120ml), £3.82 (240ml), £5.78 (480ml). Date of preparation: May 2004.

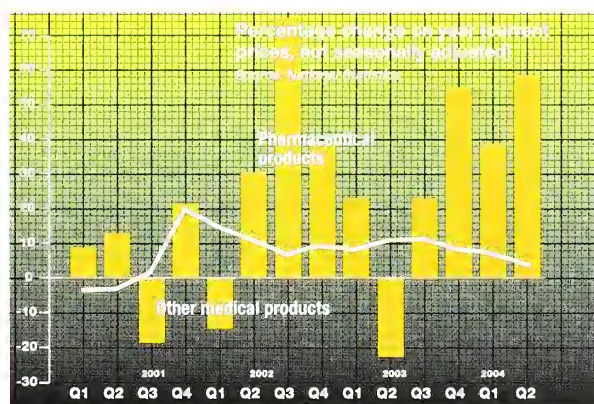
Sales growth eases

The trend in retail sales growth eased down in the year to October, as higher costs and a cooler housing market sapped consumer optimism. But the earlier downturn in chemists' business was stemmed, and the Christmas trading outlook is bright



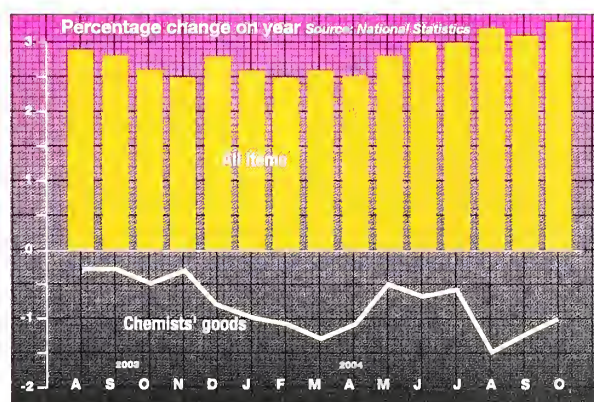
The **feel-good factor** has drained away, says credit reference agency Experian, due to higher interest rates and fuel costs and the slowing house market. But a poll by Martin Hamblin GfK revealed a slight upturn in consumer confidence in October. **Retail sales** grew marginally in the year to October, says the CBI, although the underlying trend weakened. **Pharmacists' sales** were down on a year earlier for a net 1 per cent of businesses – an improvement on the 14 per cent reporting an annual fall in September. The British Retail Consortium reports strong demand for beauty products but sales of cough and cold and pain relief products doing less well. Official figures show that **total retail sales** volumes in the quarter to September grew by 6.7 per cent annually, down from 6.9 per cent in the three months to August. Verdict Research forecasts a **buoyant Christmas**, with health and beauty sales in the fourth quarter up 4.4 per cent on last year.

Annual spending on personal care products and services rose strongly in the second quarter of this year, and outlays on medical products were also on an upward trend. But UK output of pharmaceuticals and toiletries was subdued



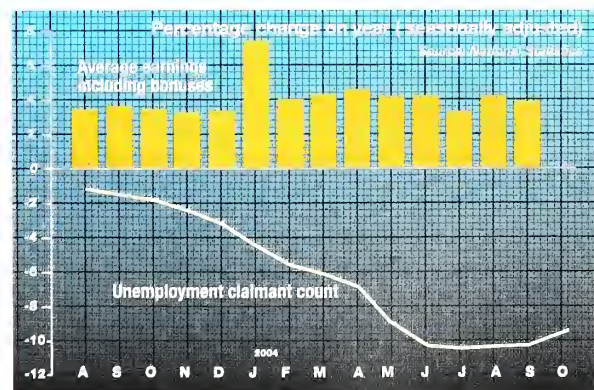
The value of consumer spending on **electric personal care products** was 59 per cent higher in the second quarter of 2004 than a year earlier, officials estimate. Spending on **other personal care products**, such as perfumes and toiletries, rose in value and volume terms by 3 per cent and 4 per cent respectively. Total consumer spending on personal care products and services grew both in value and in volume by 5 per cent annually in the second quarter. Spending on **medical goods** also rose in value by 5 per cent, but was up 2 per cent by volume. Production of **pharmaceuticals** by UK manufacturers fell 5 per cent in the third quarter of 2004 and was 2 per cent lower than a year earlier. Output of **perfumes and toiletries** fell by 1 per cent both in the third quarter and compared with the third quarter of last year. Makers of pharmaceuticals are marginally more optimistic about the business outlook, the CBI found in its third-quarter survey.

Retail prices of chemists' goods fell at a slower rate in the year to October than in September, and the month-on-month rise was weaker than in September. The annual rise in pharmaceutical manufacturers' prices slowed in October



The retail price index of **chemists' goods** rose by 0.4 per cent in October, but fell 1.0 per cent at the annual rate after a drop of 1.2 per cent in the year to September. Headline **retail price inflation** was up 3.3 per cent on the year. The British Retail Consortium's shop price index shows a fall of 0.4 per cent in October, giving an annual drop of 1.4 per cent. But UK factory gate prices rose overall by 3.5 per cent year-on-year, up from 3.1 per cent in September. Makers' prices of **pharmaceutical preparations** rose 1.1 per cent annually in the year to October, down from 1.2 per cent. **Perfumes and toiletries** rose 0.2 per cent, according to official estimates. Lip and eye make-up fell 5.2 per cent annually but dental hygiene preparation prices increased by 0.1 per cent. Shaving preparation and deodorant prices were up by 2.6 per cent. Prices of pharmaceutical and medicinal **imports** fell 5.0 per cent annually.

Wage growth eased in September, despite a reported increase in demand for staff. The number of unemployment benefit claimants rose for the second straight month in October but was lower at the annual rate. Company liquidations have fallen sharply



Earnings, excluding bonuses, in the three months to September, were up 4.3 per cent on average from a year earlier, unchanged on the August rate. Including bonuses, the increase was 3.7 per cent, down one percentage point. The number of **hours worked** each week during the three months to September averaged 31.9. **Jobless** benefit claimants rose by 900 in October, following a revised 1,600 increase the previous month, leaving the unemployment rate at 2.7 per cent. **Demand for staff** hit a four-year high in October and skill shortages reached a seven-year high, the Recruitment and Employment Confederation reports. Retail insolvencies eased by 6 per cent annually, and among wholesalers they plummeted 58 per cent. But personal insolvencies rose by 31 per cent. Weakness in manufacturing, more than halved **economic growth** in the third quarter, but there are good growth prospects next year, says BDO Stoy Hayward.

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December 2004

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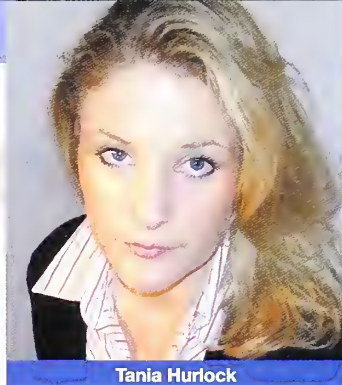
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Adrian Williams



Tania Hurlock



Geoff Cottrell

The University of Reading's new School of Pharmacy, due to enrol undergraduates from next year, has announced the appointment of **Adrian Williams** as director of pharmaceuticals.

Professor Williams has moved from the University of Bradford's SoP where he was biophysical pharmaceuticals professor.

Bristol-Myers Squibb Pharmaceuticals has

named **Tania Hurlock** as national accounts manager for pharmacy, and **Geoff Cottrell** as national trade and relationship manager.

The company says these two new roles will enhance its commitment to community pharmacy and UK full line wholesaling.

Swansea staff walk 22 miles for charity

Staff from a Swansea pharmacy have raised £1,000 for the Macmillan Cancer Relief Fund after completing a 22-mile walk.

Pharmacist Marilyn Davies, her two sons Owain and James, technicians Kate Goulding and Barbara Williams, and sales assistant Rebecca Heslop from Castle Pharmacy in Mumbles, Swansea took over 10 hours to complete the cliff walk on September 18. Their sponsorship money was boosted by donations from AAI and Glamorgan

Pharmaceuticals, and matched by Parvaiz Ali, husband of the pharmacy's proprietor, Nasreen Ali.

Mrs Davies said: "It was raining when we set off but as the day went on the sun came out. It was quite strenuous because there was a lot of up and down, but we had done some training by walking round the cliffs. We never dreamt we'd raise £1,000 – the patients have all been marvellous. It's an annual event and we're hoping to do it again next year."



From the left are: Rebecca Heslop, Barbara Williams, Kate Goulding, Marilyn Davies and Owain Davies show the result of their exertions – and not a blister in sight

Berys Wilson of Birchill & Watson Chemist in Stone, Staffordshire has sent in this photo with the following comment: "We are used to having urine samples for pregnancy testing in unusual containers of all shapes and sizes, but this one really takes the pee. The sample was in an Avent baby's feeding bottle, complete with test. How ironic – we think it deserves a place in the Tate Modern"



Midlands technician scoops UniChem prize

Natalie Pettit has been named Pharmacy Alliance's first Community Pharmacy Technician of the Year.

The technician manager from MW Phillips Chemist, Erdington, Birmingham, won the title for a prescription intervention scheme she designed to address medication queries and wastage.

Entitled 'A Helping Hand from the Chemist', a four-week pilot of the project showed savings of £5,000 across six GP surgeries.

Alistair Marsh, general manager at Pharmacy Alliance, UniChem's medicines management division, said Ms Pettit had won for her dedication, professionalism, originality and commitment to improving patient care.

Ms Pettit's prize comprised a year's full membership to the Association of Pharmacy Technicians UK, a trip to the 2005 APTUK annual conference, an invitation to UniChem's gala dinner next month and £250 towards education and training.



UniChem Midlands NHS account manager Jane Grogan, left, presents Natalie Pettit with her Community Pharmacy Technician of the Year certificate

BR supports Tibet project

BR Pharmaceuticals has supported a mercy mission to Tibet by providing packs of multivitamins.

The company donated the supplements to the Tibet Eyecare project organised by optometrist Christian Dutton in conjunction with the Seva Foundation and UKPA charities. The

vitamin capsules contain quantities of vitamins A and D, and will help those with

poor diets who are at risk of blindness caused by vitamin A deficiency.

BR Pharmaceuticals managing director Phillip Byrne said: "When Christian approached us asking if we could help we didn't hesitate in saying yes. His work highlights a situation in a part of the world that isn't particularly well known about in this country, so we were pleased to do what we could to help."

The knowledge

Cambridge Counterpart is the complete guide to working on the medicine counter

The Cambridge Counterpart training course has given over 3,600 pharmacy assistants the knowledge they need to work professionally and effectively on the medicines counter. It remains the easiest to use and the best value training course for counter assistants.


Counterpart's 15 distance learning modules are accredited by the College of Pharmacy Practice.

How to register

Each assistant must be registered for telephone marking and certification at a cost of £41.13. Each assistant will also need access to a training pack. A pack costs £29.38 and can be used by up to four assistants.

Just complete the application form below and post it to us with a cheque, or alternatively call with your credit card details.





Pharmacist	
Pharmacy	
Address	
Post Code	
Telephone	
Fax	
Course registration fee of £41.13 per person	
Name	£
Name	£
Name	£
Name	£
Sub total	£
Please include () sets of modules at £29.38 each	£
Total	£

All prices include VAT

Post your completed form, with a cheque payable to CMP Information Ltd, to: Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

For further information, or to make a credit card payment, contact Mary Prebble on 01732 377269

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GREAT VALUE THRUSH TREATMENT, NO MESSING



Care Fluconazole is a single dose oral capsule which should begin to clear up thrush within two days*. At a RRP of £6.99 for one treatment, Care Fluconazole offers significant value for money to your customers, as well as a healthy profit on return for you.

For further information please call our friendly sales team on **01484 848200** or contact your local sales representative.



* Source: Care Fluconazole Patient Information Leaflet



Quality medicines at careful price

Prescriber Information

Name of the medicinal product: Fluconazole 150 mg Capsule
Therapeutic Indications: Treatment of vaginal candidiasis, acute or recurrent. For the treatment of partners with associated candidal balanitis.

Dosage: Adults (aged 16 to 60 years of age) One capsule.

Contra-Indications: Known hypersensitivity to fluconazole, related azole compounds or any of the excipients. Co-administration with terfenadine or cisapride.

Special warnings and precautions for use: Adequate contraception necessary. A physician should be consulted if the patient or partner have had exposure to sexually transmitted disease, or if the patient has had more than

two infections of thrush in the last six months; is taking any medicine other than the Pill; has any disease or illness affecting the liver or kidneys or has had unexplained jaundice; suffers from any chronic disease or illness; is uncertain of the cause of the symptoms; has abnormal or irregular vaginal bleeding or a blood-stained discharge; has vulval or vaginal sores, ulcers or blisters; has lower abdominal pain or dysuria. In men, medical advice should be sought if: sexual partner does not have thrush; they have penile sores, ulcers or blisters; there is abnormal penile discharge; penis has started to smell; dysuria. Patients should consult their doctor if symptoms have not been relieved within one week.

Interactions: Please refer to Summary of Product Characteristics.

Undesirable effects: Nausea, abdominal pain, diarrhoea and flatulence.

Rarely rash, headache, hepatotoxicity and anaphylaxis

Product Status: P

Marketing Authorisation Holder: Approved Prescription Services Ltd, Eastbourne BN22 9AG

Marketing Authorisation Number: 00289/0485

Trade Price: £3.39 (ex VAT)

Date of Preparation: June 2003.

Distributed by: Thornton & Ross Limited, Linthwaite, Huddersfield, West Yorkshire HD7 5QH. Tel: 01484 842217

For more information, contact the Marketing Authorisation Holder.

over the COUNTER

NEW! FABULOUS BEAUTY COUNTER SUPPLEMENT

NEW! OVER THE COUNTER PLUS



Relief all round

Part two of our winter
remedies update

Arthritis or rheumatism?

Identifying and treating
these two conditions

Are you what you eat?

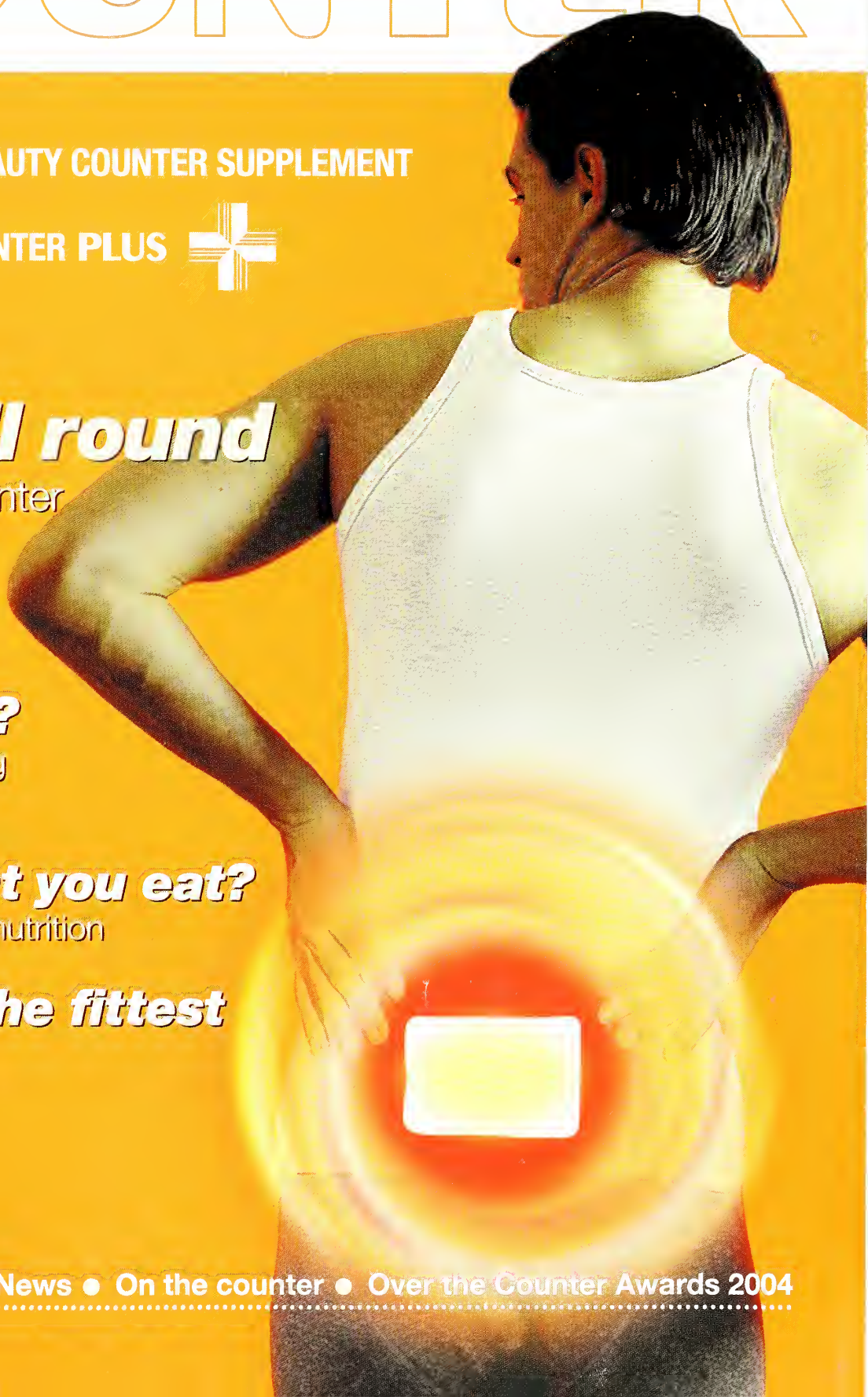
The latest thinking in nutrition

Survival of the fittest

Christmas ailments

Plus

News • On the counter • Over the Counter Awards 2004





GlaxoSmithKline
Consumer Healthcare



GOOD NYTOL. GREAT MORNING.

Up to 1 in 3 people are trapped in a cycle of temporary sleep disturbance.¹ Rather than ask for help, many continue to suffer, wary of being given 'sleeping tablets'.

You can put your customers back in control with Nytol (contains Diphenhydramine Hydrochloride), the No1 selling sleep enabler in pharmacy.²

Compared to customers who don't treat their sleeplessness, Nytol customers can drift off more quickly, into a deeper, longer sleep, to wake up feeling rested, and ready to take on the day.

Product Information. Presentation: Nytol. White coated oblong caplets imprinted with an 'N', each containing 25mg of Diphenhydramine Hydrochloride. Nytol One-A-Night. White coated oblong caplets imprinted with 'N50', each containing 50mg of Diphenhydramine Hydrochloride BP. **Dosage and administration:** Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes before going to bed, or as directed by a physician. Not recommended for children under 16 years. **Uses:** An aid to the relief of temporary sleep disturbance. **Contraindications:** Hypersensitivity to diphenhydramine, asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing

peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. **Precautions:** Nytol and Nytol One-A-Night are not recommended during pregnancy or for lactating mothers. Concomitant use with alcohol, other hypnotics, sedatives, tranquilizers or monoamine oxidase inhibitors should be avoided. Nytol and Nytol One-A-Night should be used with caution in patients with myasthenia gravis or seizure disorders. Nytol and Nytol One-A-Night produce drowsiness/sedation soon after dosing and will affect ability to drive/use machines. Tolerance may develop with continuous use. **Side effects:** Dizziness, drowsiness, grogginess, dryness of mouth, nausea and nervousness.



Diphenhydramine Hydrochloride

Rise and shine

Antihistamines have been reported rarely cause thrombocytopenia. **Legal category:** P. **Product licence number:** Nytol: 00036/0050. Nytol One-A-Night: 00036/0069. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford TW8 9GS, U.K. **Package quantity and RSP:** Nytol £2.85 for 16 caplets. Nytol One-A-Night: £4.29 for 16 caplets. **Date of last revision:** March 2004. Nytol is registered trademark of the GlaxoSmithKline group companies.

References: 1. Taylor Nelson UNA, 2000. 2. IRI M, 17th April 2004. Value Share of Sleep Category.

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Always read
the instructions





It's the last issue of another year – and we're ending 2004 on a very high note.

As you will see, *Over The Counter* has reached another milestone in its evolution with the launch of the new *Beauty Counter*

supplement and the introduction of *Over The Counter Plus*.

This new section at the back of the magazine is dedicated to helping those of you who are dispensing technicians or who spend part of your time working in the dispensary to

update and enhance your knowledge.

We know from our own research how much importance our readers place on training and expanding their knowledge of the complex and fascinating sector in which they work and this is why we have developed *Over The Counter Plus*.

You need a magazine which is relevant to the many different aspects of your job and we believe that, with *Over The Counter* and *Beauty Counter*, we are offering you a package which you will find informative, engaging, attractive and, above all, always relevant to the work you do.

There are plenty of chances in the magazine and the new supplement

for you to test your knowledge – and win some great prizes.

In this issue, we are also revealing the names of the finalists in the *Over The Counter Awards 2004*, sponsored by Kobayashi Healthcare Europe. So take a look at the finalists and be ready to cast your vote in the first issue of 2005 – and you too could be a winner, setting off for a fabulous health spa break.

Do let us know what you think of the changes we have made and, as this is the last issue of the year, all of us at *Over The Counter* would like to wish our readers a very merry Christmas and a Happy New Year!

Lesley Keen

March of the risk assessors

With the Government extremely concerned at the growing health problems of the significant numbers of Brits whose junk food-eating, couch potato lifestyles add up to a ticking timebomb for an already stretched NHS, it's not surprising that we are also seeing more health tests, scans and risk assessments on offer.

When Boots offered free cholesterol tests some pharmacies were so inundated with takers that they were booked up for days in advance and, as we see below right, Lloydspharmacy has screened more than half a million people for diabetes.

And the bone health supplement BioCalth has announced a 2005 tour of UK pharmacies to offer free bone mass density tests to help assess an individual's risk of developing osteoporosis.

These tests are often hard to get on the NHS unless a patient is in a high risk group and can be expensive to undertake in the private sector.

Now the re-aqua chain of health salons and spas is entering the testing arena with

a Health Risk Assessment package which can be completed – with results – in around half an hour.

The package includes blood pressure and cholesterol checks, a blood sugar test, body fat analysis and bone scan. The package costs £75.00, compared with a total of £115.00 if all the tests are taken individually.

The results are discussed with the customer, who is given advice on lifestyle measures

which can be taken to address any minor problems and, if necessary, they are advised to take the results to their GP for further investigation.

So many health problems are largely avoidable if people lead reasonably active, healthy lives that it surely makes sense for us all to take a measure of responsibility, identify our weak spots and try to address them.

So congratulations to the companies who are offering people the chance to take back

some control of their health – and let us hear about more pharmacies and health venues which are offering similar tests



Diabetes screening wins media award

Lloydspharmacy has won the Corporate Social Responsibility Award at the Marketing Week Effectiveness Awards 2004.

The award was presented to Lloydspharmacy for its work in raising awareness of its nationwide free diabetes testing service.

So far the pharmacy chain has screened more than 500,000 people, with 25,000 having been referred to their GPs. The service is offered in more than 1,200 of the chain's 1,364 pharmacies.

Lloydspharmacy's commercial director, Mark Green (centre), collected the prize from former Conservative leader

William Hague (right). They are pictured with prize sponsor Simon Propper, managing director of Context.



Drawing on experience with diabetes

Accu-Chek Diagnostics and the International Society for Pediatric and Adolescent Diabetes (ISPAD) have announced the winners of the 2004 Accu-Chek Art Contest for Children and Adolescents with Diabetes. Since its launch, the contest has attracted 5,000 entries from more than 25 countries. Type 1 diabetes is second only to asthma as the most prevalent disease in the school-aged population and, says Accu-Chek, increases in obesity are found to contribute to greater incidence of type 2 diabetes in children.

The Accu-Chek Art Contest was launched in 2002 to encourage children and teenagers with diabetes to express their feelings about

their condition and the latest contest had the theme 'the spirit of challenge'.

Peter Swift, secretary-general of ISPAD, said: "Encouraging children and adolescents with diabetes to express their feelings in a non-verbal manner is very important as this improves our understanding of the child's inner world and feelings, which may be important in treating the child appropriately."

The winning entries came from Aaron, aged 9, from Singapore; Natalia, 13, from Chile and Jeremie, 16, from France. Each receives a holiday to a destination of their choice. Two runners-up in each group receive a learning grant to enable them to begin a new hobby or skill.



Details of how to enter the 2005 contest are at www.accu-chek.co.uk



Winning Co-operation!

Caroline Mills of Co-op Pharmacy, Ormskirk Street, St Helens, and dispensing assistant Collette Smith, pharmacy manager Chris Hatch and dispensing technician Amanda Price from Billinge Health Centre's Co-op Pharmacy near St Helens were among those recognised by the United Co-op Group. Caroline Mills was named 'Dispensing Technician of the Year' and the staff from Billinge picked up the 'Overall Branch of the Year' prize at the United Co-op Healthcare Group's annual awards night and ball. The event took place at the Jarvis Piccadilly Hotel in Manchester and general manager John Nuttall said: "The awards night was a great success and is a great way to show employees how much their hard work is appreciated." There's plenty more to interest dispensing technicians in our new *Over The Counter Plus* section, which starts on page 46

OTC industry launches medicine helpline

The OTC industry has launched a guide and a telephone advice line to help consumers make the best use of their medicines.

Nurses from the charity Medical Advisory Service will answer consumers' telephone enquiries or will arrange for a nurse counsellor to call back if the query is more complex, as part of the Consumer Health Information Centre's leaflet

Getting the best from the medicines you buy.

Sheila Kelly, chief executive, Proprietary Association of Great Britain – which runs CHIC, thought the leaflet would be useful in explaining why people should use a pharmacy and why the staff might ask customers to answer questions before selling them P medicines.

Four wholesalers are

distributing the leaflets to pharmacies.

Ms Kelly hopes GPs will also take up the leaflets, as research has shown there was little or no dialogue between GPs and patients about OTC medicines.

The leaflets can be obtained by telephoning 0207 404 7842.

The advice line number is 0208 742 7042 and the line is open Monday to Friday 10am to 3pm.

What a performance!

Extra fitness is on the agenda for Isabel Cooper, who works at JS Dempster in Biggar, Lanarkshire. Isabel is the winner of Wyeth's Centrum Performance competition in the May issue of *Over The Counter*. She correctly answered the questions and her entry was the first one drawn to win a year's membership at a FitnessFirst Club.

In the first of our Soapbox features, **Pat Barker, from Cheltenham**, tells us about the varied life behind her counter...

I've worked in our local independent pharmacy for six years. Wow! Have I seen life! Forty years in retail didn't prepare me for pharmacy.

One of my first customers, a huge, red-faced man, blustered into the shop waving six prescription forms. When I asked him to sign in the allotted box, he gave me a look of complete fury and said: "I'm not signing all those, I'll go to a chemist that doesn't need signatures." Then he stormed off.

Once I encountered a gentleman who, though over 65, refused to sign the 'over 60' box and said: "I insist on paying for my prescription, where is your NHS donations box?" He left in a temper when I explained that we didn't have one.

Then there was the very overweight lady, a diabetic, who popped into the shop and asked to see the pharmacist as she had a tingling in her foot. After she had sat down (in the Anusol chair) the pharmacist checked her feet, only to find that she had a drawing pin stuck in the bottom of one of her toes. Of course, she hadn't felt it, being diabetic, but apparently it had been there several days.

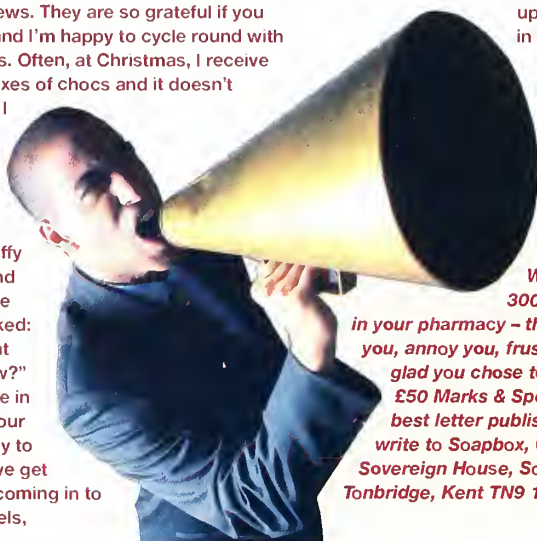
Some of the elderly ladies who come in are completely lovely, wanting a chat and a chance to exchange news. They are so grateful if you deliver anything and I'm happy to cycle round with their prescriptions. Often, at Christmas, I receive pot plants and boxes of chocs and it doesn't matter how often I protest, they insist.

We sell soft toys and we have a 'children's window' full of fluffy rabbits, games and stuffed toys. Twice now I've been asked: "How much is that dog in the window?"

Because we are in Cheltenham and our shop is on the way to the racecourse, we get many racegoers coming in to buy combs, flannels,

toothbrushes and soap. It's amazing how people forget these items. So we always have to stock up before Gold Cup Week in March.

I've been asked for milk, bread, stamps and whisky in our chemist. There's never a dull moment and I wouldn't want it any other way!



WRITE TO US...

Why don't you tell us, in 300-400 words, about life in your pharmacy – the things that amuse you, annoy you, frustrate you or make you glad you chose to work there? There's a £50 Marks & Spencer voucher for the best letter published in each issue. Just write to Soapbox, Over The Counter, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Are you an Over the Counter winner?

Congratulations to these readers who are winners of the competitions, quizzes and giveaways in the last issue of **Over The Counter**.

Bottles of Champagne to go the following Test your Knowledge winners: **VMS:** Miss B Das, of Day Lewis Pharmacy, Blackheath; **colds and flu:** J Lawrence, of M & JE Breed, Wigan; **haircare:** Marie Graham, of Rowlands Pharmacy, Gosport; **digestive disorders:** Sarah Farquhar, of Ringwood pharmacy, Coventry; **women's health:** Liz Currie, of

Horsburgh Chemist, Edinburgh.

Yoga Show tickets go to: Mrs Sheila Mahtani, of Vantage Pharmacy, Hayes; Jackie Peek, of Hawley Pharmacy, Hampshire; Allison Phuah, of Lloydspharmacy, Lambeth; Nisha Patel, of Parkem Ltd, Leicester; Michael McCabe, of Tesco in-store pharmacy, Weston Super Mare.

Lady Jayne hair accessories go to: Miss E House, of Leyton, London; Jane Gelling, of Lloydspharmacy, Douglas, Isle of Man; Barbara Wiseman, of Tesani Chemist, Luton; Joanna Pratten,

of Safeway pharmacy, Newtown, Powys; M Beveridge, of Lindsay & Gilmour, Edinburgh; Margaret Edwards, of Rowlands Pharmacy, Wrexham; Shirley Wilson, of Lloydspharmacy, St Helier, Jersey; Pat Roberts, of Nicholsons Pharmacy, Widnes; Mrs I Rigg, of Stavetey Healthcare, nr Kendal; Sandra MacDougall, of NCC Chemist, Dunoon; Miss T Bonner, of Huddersfield; Miss K Walker, of Dalton; Mrs P Ocio, of Reeds Pharmacy, Wirral; Miss P Jones, of Rowlands pharmacy, Wallasey.

MacDuff leads on

The Lloydspharmacy at MacDuff in Aberdeenshire has been named Lloydspharmacy of the Year in the annual competition sponsored by GSK.

The pharmacy wins a trophy and £2,000 to be divided among the staff. Manager Pamela Wilson said: "This is a small fishing town where we have a strong sense of community – it means so much to be recognised for our efforts in providing the very best local healthcare advice."



From the left: West Midlands Co-op staff members Heather Broadhurst, Linda Gooderidge, Keith Butler and Emma Whittaker step out for diabetes

Co-op staff step out for charity

Fifty one members of staff from West Midlands Co-op's pharmacies, food stores and travel agencies raised over £3,000 for charity when they took part in a recent sponsored walk.

In addition, to give the participants an energy boost, the company donated more than 1,000 bananas to the Juvenile Diabetes Research Foundation, which organises the annual Walk

to Cure Diabetes event.

Pharmacy locum administrator Heather Broadhurst and her son Ryan, both of whom have diabetes, were among those walking the five-mile course through Sutton Park, Birmingham, on September 12.

The total raised by Co-op staff included sponsorship money and donations totalling £1,000 contributed by several suppliers.

ICaps[®] Maintains Healthy Eyes



ICaps Dietary Supplement from Alcon Laboratories, the world's largest eyecare company, is a specialised, comprehensive formula of antioxidant vitamins, minerals and carotenoids which are important to vision. ICaps contains lutein and zeaxanthin, nutrients that occur naturally in the macula and which help to protect the eye by reducing oxidative stress and absorbing damaging blue light.

RESEARCH

Research has shown that these natural carotenoids, found in green, leafy vegetables such as spinach, broccoli and cabbage may have a positive effect on the macula and ocular health, particularly in people aged over 40 years.

RECOMMENDED DAILY AMOUNT

Many supplements contain 100% RDA (Recommended Daily Amount) of vitamins and minerals which may be sufficient to avoid deficiency, but these levels are possibly too low to have a positive effect on eye health. ICaps contains high-potency antioxidants, vitamins and zinc at concentrations deliberately set above the RDA to provide maximum benefit. Studies suggest doses above the RDA may be necessary to have any positive effect on eye health and good visual function.

WHY ICAPS?

- Contains lutein and zeaxanthin, natural antioxidants concentrated in the macula
- Sustained release formula for improved absorption and less stomach upset
- Contains zinc, an important mineral found in high concentrations in healthy eyes
- Provides other essential vitamins and minerals important for good visual function
- ICaps has proven bioavailability
- Recommended by ophthalmologists, opticians and nutritionists
- Available from major wholesalers PIP code 282-9018



ICaps[®]

Tel: 0800 092 4567 or visit the recently launched ICaps new look website www.icapsinfo.co.uk – which has been awarded the RNIB See it Right Accessibility logo.

RRP is £9.95 for a month's supply of 60 tablets.

**ICaps is not recommended for children or during pregnancy*

on the

Comfifast suits children



Shiloh Healthcare has launched a new range of cost-effective Comfifast Easywrap Suits, which cover the whole body.

The easy-to-use washable clothing range, which is made in-house by the company, is used for wet wrapping in treating paediatric atopic eczema.

The full range comprises six products including Clavas, long-sleeved vests, mittens,

tights, leggings and socks in a range of sizes from six months to 14 years.

Made from soft, stretch material, the suits are designed for comfort and ease of movement and can be washed up to 30 times and tumbled dry. They do not need pins or ties and can be worn under pyjamas or school uniforms.

Shiloh Healthcare Ltd,
Tel: 0161 785 3608

Now Huggies go convertible

Kimberley-Clark hails its new Huggies Convertibles 2in1 as a European first. The new nappies can be used as a step-in for stand-up changes or as a normal nappy when the infant is changed lying down. Huggies Convertibles 2in1 are made for babies at the 'shuffler' or 'walker' stages of development and are designed to bridge the gap between nappies and active potty training, making the transition easier.

Kimberley-Clark, Tel: 0800 626 008

Solpadeine buses in

Solpadeine Headache is the focus of a poster and bus side campaign which continues into December in the London area.

The £360,000 campaign consists of six-sheet posters at bus stops and ads on bus sides. They both feature a new creative which stresses the product's paracetamol and caffeine combination, providing dual-action pain relief. The ad has the message: 'Typical. Two pain relieving ingredients come along at once'.

GlaxoSmithKline Consumer Healthcare,
Tel: 0845 762 6637

New low carb breakfasts

Carbolite Europe, the UK distributor of America's best-selling low carb confectionery, has launched a range of convenient, low carb breakfast cereal.

Lack of low carb options, in particular for breakfast, is one of the reasons people abandon low carbohydrate regimes and

the new range offers single serving sachets which can be eaten with or without milk or as a snack.



The Carbolite cereal range includes Mixed Nut & Seeds, with a Net Effective Carb (NEC) count of 4.7g, and Almond & Strawberry, with 3.6g NEC count. This compared with 22.5g NEC for a 30g serving of Special K or 20.4g NEC for Crunchy Nut Clusters. The Carbolite sachets will retail at around £0.65 each.

Retail Brands,
Tel: 0208 349 5580

Pampering future mums

Mums-to-be can relax and enjoy a little pampering with Avent's Future Mother Gift Set.

The set includes Indulgent Body Cream (200ml) which contains shea butter and sweet almond oil and is designed to help firm, smooth and moisturise the skin and help combat stretch marks. It also includes 400ml Relaxing Bath and Shower Essence, with a light citrus fragrance and a hint of lavender, and 30ml Sleep Easy Essence, with patchouli and ylang ylang. The set retails at £14.99.

Avent, Tel: 0800 289064



CROOKES HEALTHCARE
PRODUCT INFORMATION NUROFEN FOR CHILDREN Suspension containing ibuprofen 100mg/ml. **Indications:** Prescription and OTC. For the fast and effective relief of fever including post immunisation pyrexia and the fast and effective relief of mild to moderate pain such as sore throat, teething pain, toothache, earache, headache, minor aches and pains. **Dosage:** For pain and fever. The daily dosage of Nurofen For Children is 20-30 mg/kg bodyweight in divided doses. This can be achieved as follows: Infants 6-12 months: One 2.5 ml spoonful may be taken 3-4 times in 24 hours. Children 1-3 years: One 5 ml spoonful may be taken 3-4 times in 24 hours. Children 4-6 years: 7.5 ml (5 ml + 2.5 ml spoonful) may be taken 3 times in 24 hours. Children 7-9 years: Two 5 ml spoonfuls may be taken 3 times in 24 hours. Children 10-12 years: Three 5 ml spoonfuls may be taken 3 times in 24 hours. For post immunisation pyrexia: One 2.5 ml spoonful followed by one further 2.5 ml spoonful 6 hours later if necessary. No more than two 2.5 ml spoonfuls in 24 hours. If the fever is not reduced, consult your doctor. For oral administration only. **Contraindications:** Hypersensitivity to any of the constituents. Patients with history of or existing peptic ulceration. Patients with a history of asthma, rhinitis or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs. **Precautions and Warnings:**

If symptoms persist for more than 3 days, consult your doctor. Do not exceed the stated dose. Caution is required in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor before taking Nurofen For Children Sugar Free. Nurofen For Children is not suitable for patients who have a stomach ulcer or other stomach disorder. Not recommended for children under 6 months unless advised by a doctor. **Side effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders including rashes of various types, pruritis, urticaria, purpura, angiodema and more rarely, bullous dermatoses (including epidermal necrolysis, erythema multiforme). Side effects are rare but may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration. Also very rarely thrombocytopenia have been reported. Bronchospasm may be precipitated in patients with a history of aspirin sensitive asthma. **Product Licence Number:** PL 00327/0085 **Licence Holder:** Crookes Healthcare Limited NG2 3AA **Legal Category:** P **MRRP Price:** 100ml £3.59 150ml £4.72 **Date:** May 2004 **Code:** NFN649B



Bull's-eye!

NUROFEN
for children
IBUPROFEN

Nurofen for Children is the only paediatric analgesic to come with a syringe specifically designed for easy, accurate dosing.
For fast and effective fever relief.

on the



Piriton for the itch

Piriton Allergy Tablets and Piriton Syrup have a new indication in pharmacy – to relieve the itchy rash of chickenpox. Both products are based on chlorpheniramine maleate, an antihistamine used to treat hay fever, insect bites and stings, heat rash, pet and house dust mite allergies.

Piriton Allergy Tablets (30, £3.15) are suitable for adults and children aged six and over, while Piriton Syrup (150ml, £9.99) is one of the few OTC antihistamine products suitable for children of one year and over.

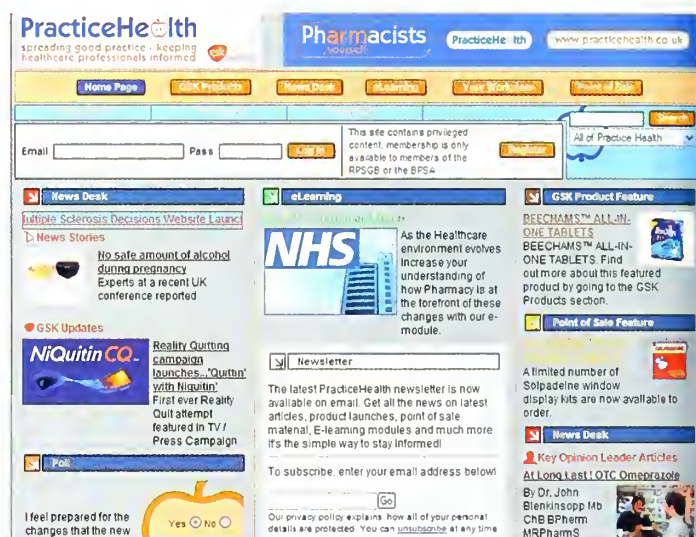
GlaxoSmithKline Consumer Healthcare,
Tel: 0845 762 6637

GSK's web winner

GlaxoSmithKline has won an award for its OTC brand website, www.practicehealth.co.uk launched earlier this year.

The TNS SnapshoT Awards recognised the marketing excellence and creativity of the site, which aims to provide pharmacists and pharmacy undergraduates with pharmacy and corporate news, product information and an e-learning facility. The site won the award for 'OTC brands aimed at healthcare professionals'.

GlaxoSmithKline
Consumer Healthcare,
Tel: 0845 762 6637



Why dads dread sleepover lice

Almost 40 per cent of dads think that spreading head lice at a sleepover is the most embarrassing thing their kids could do. Mums, however, would be more concerned if their children broke one of their host's ornaments, research by Lyclear reveals.

When it comes to treating head lice, more than two thirds of parents say they would treat an infestation immediately. According to Lyclear, best

practice guidelines recommend immediate treatment with an insecticide.

The brand, now owned by Chefaro UK, holds a 26 per cent unit share of the £17 million lice category. Chefaro has a £1m campaign of consumer and professional press advertising planned for the brand during 2005.

Chefaro UK,
Tel: 014980 421800

Books

Woman Manual

Subtitled 'Women: all models, shapes, sizes and colours,' this latest release from Haynes Publishing asks 'Do you know what's going on under her bonnet?'

The *Woman Manual*, published by the company which has brought us car manuals for more than 40 years, makes important comparisons between women's bodies and cars and is written as a guide to women's health for men.

The book is written by Dr Ian Banks, who demystifies jargon and presents the facts in a down-to-earth manner and there are tips and advice from agony aunt Suzie Hayman.

Woman Manual (Haynes Publishing, £12.99)
ISBN 1 84425 182 9

Parkinson's laws

New in the Family Doctor series is *Understanding Parkinson's Disease* by Professor Tony Schapira.

The book aims to help people understand the symptoms and disabilities caused by the disease, as well as suggesting self-help measures and explaining how doctors can treat the condition. *Understanding Parkinson's Disease* (Family Doctor Publications, £3.50)
ISBN 1-903474-07-8

*For millions of
customers who
Can't sleep*



New from the makers of the number 1 selling natural stress reliever Kalms, comes Kalms Sleep.

An effective natural remedy that helps restore normal sleep patterns – without causing drowsiness during the day. Millions of customers who can't sleep, can't wait for Kalms Sleep.

Can you afford not to stock it?

To place an order or for more information call 01452 507458

Manufactured and distributed by G.R. Lane Health Products Ltd., Sisson Rd., Gloucester GL1 3QB

Product information for Kalms Sleep. Active Ingredients: Valerian Powdered Extract 4:1- 45.0mg, Passiflora Powdered Extract 1:1-16.82mg, Wild Lettuce Powdered Extract 4:1-22.5mg, Powdered Hop Strobile 30.0mg, Vervain Powder 60.0mg. Therapeutic Indications: A traditional herbal remedy that promotes refreshing natural sleep. Doses and Administration: The tablets are for oral administration. Adults, elderly and children over 12. Three or four tablets to be taken one hour before bedtime. Children under 12 years of age, not recommended. Warnings and Precautions: Do not exceed the stated dose or take on an empty stomach. If you accidentally take too many tablets, consult your doctor. Not to be taken by children under 12 years of age. Keep out of the sight and reach of children. Not to be taken during pregnancy and lactation without consulting your doctor. These tablets may cause drowsiness. If affected do not drive or operate machinery. Side Effects: None known. Retail selling price: £3.99. Legal Category: GSL Product License Number: PL 16028/0059. Marketing Authorisation Holder: Galpharm Healthcare Limited, Hugh House, Upper Cliffe Road, Dodworth Business Park, Dodworth, Barnsley, South Yorkshire, S75 3SP, UK.

www.kalmssleep.com



Now available at AAH, Unichem, Numark and regional wholesalers.

on the



Not NICE for mouths

New NICE guidance recommending that patients routinely see a dentist anytime between six months and three years has alarmed experts.

Professor Robin Seymour, Dean of the Newcastle Dental School, warns that people are not good at removing plaque at home and lengthy intervals between dental checks will mean "oral hygiene will not be monitored or reinforced where appropriate."

A recent Listerine 'Care About Your Smile' survey reveals that while 59 per cent of people think brushing alone is not enough to protect teeth and gums from tooth decay, in reality fewer than one in three buy a daily use mouthwash.

Listerine mouthwash is clinically proven to provide up to 24-hour protection against oral bacteria. The everyday mouthwash is available in Original, Freshburst, Teeth & Gum Defence and Tartar Control variants.

**Pfizer Consumer Healthcare,
Tel: 01304 616161**



Cold words on TV

Zovirax Cold Sore Cream is back on the small screen for the third time this year with a re-run of the familiar 'helmet' ad. This forms part of a £1.9 million advertising spend for the second half of the year.

The ad will be on national TV until January in a bid to raise awareness of cold sores during the peak winter sales

season. Consumer press advertising will run in support until the end of December. The helmet ad conveys the key message that nothing works faster than Zovirax and healing time can be cut by half.

**GlaxoSmithKline Consumer
Healthcare,
Tel: 0845 762 6637**

Getting to the heart of the web with GSK

HOW YOU CAN HAVE

WEEKS FREE

FROM
RECURRENT
HEARTBURN

New Zanprol Tablets are a short course (2-4 weeks) of treatment that can stop recurrent heartburn for weeks at a time. Nothing is more effective at getting rid of recurrent heartburn without prescription.

What would you do if you had weeks free from recurrent heartburn?

WHAT IS HEARTBURN?

PREVENTING HEARTBURN

TREATMENTS FOR HEARTBURN

ZANPROL

EXPERT ADVICE AND SUPPORT

WHAT TYPE OF HEARTBURN do you have?

The severity and frequency of heartburn attacks can differ from person to person, ranging from infrequent attacks of pain to more regular or recurrent attacks.

£1.50 OFF COUPON

By answering a couple of questions, not only can you find out what level of heartburn you are suffering from and appropriate ways to treat it, but you can also claim a **£1.50 money-off coupon** for Zanprol Tablets.

1 Which of the following symptoms apply to you?

- ☐ Burning sensation in the chest area
- ☐ Burning sensation at the back of throat
- ☐ Regurgitation
- ☐ Belching
- ☐ Bitter taste in mouth
- ☐ None of these

2 How frequently do you experience these symptoms?

- ☐ Less than twice a week
- ☐ More than twice a week

Submit

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Profoot's stocking fillers

Profoot has added four new products to its footcare range: Multi-use Gel Padding (£2.99) which can be trimmed to fit any area of the body subject to rubbing and pressure; Bunion Protector (£2.99), a thin, gel-lined cushion to relieve pressure and friction; Heel Pads, with thick cushioning and removable insert to relieve heel pain; and Heel Snug (£3.99), to help loose shoes fit better.

Profoot, Tel: 020 8492 1600

Boosting bone health

BioCalth is a new bone health supplement containing calcium and a patented calcium biocarrier, L-threonate to improve absorption of the mineral. The supplement also promotes collagen and cartilage development. BioCalth retails at £14.99 for 60 sachets or 90 tablets (one month's supply).

BioCalth UK,
Tel: 01756 790009

POS from Zocor

Johnson & Johnson MSD has produced new point of sale material for Zocor Heart-Pro 10mg tablets. The heart-shaped mobiles, large dummy packs, leaflet dispenser and leaflets are designed to encourage customers to take steps to reduce their risk of heart attack.

Johnson & Johnson MSD
Consumer Pharmaceuticals,
Tel: 0800 032 8258

GSK has a new website for its omeprazole brand Zanprol at www.heartburnrelief.co.uk

The site aims to help consumers understand more about the causes of heartburn and offer dietary and lifestyle ways to avoid it. A heartburn identifier tool enables sufferers to decide whether Zantrol is a suitable treatment option for them. This can then be given to the pharmacist for final diagnosis and treatment.

National press advertising and banner adverts on health-related websites will direct consumers to the site.

**GlaxoSmithKline Consumer
Healthcare,
Tel: 0845 762 6637**

over the COUNTER AWARDS 2004



Our judging panel Laura, Susan and Bhavini hard at work



Our independent panel of pharmacy assistants has met to pick the best of the best and now we can reveal the names of the finalists in the Over The Counter Awards 2004, sponsored by Kobayashi Healthcare Europe.

This year's panel were Bhavini Patel, from the Imperial Pharmacy, Tunbridge Wells; Susan Cawie, from Green's Chemist in Southborough, and Laura Holm, from Gosrani's Pharmacy in Tonbridge. Their task was far from easy, but after considerable debate and discussion, they whittled the contenders down to five finalists in each category ready for you, the readers, to make the final choice of the winners and runners-up.



WIN!
a fabulous break
at Ragdale Hall
health spa

Which of our finalists deserve to win a coveted Over The Counter Award? Take time to consider – and you could win a luxurious trip to the Ragdale Hall health spa, itself an award winner and six times voted UK Health Spa of the Year



Kobayashi Healthcare Europe is a subsidiary of Japan's Kobayashi Pharmaceutical Co, and has so far introduced three products to the UK – Kool 'n' Soothe for Children and Kool 'n' Soothe Migraine, gel strips which keep their cool for six hours and Cura-Heat, an air-activated heat patch to help relieve back, shoulder and neck pain.

Managing director Mr Miyanishi said: "Kobayashi are pleased to be sponsoring the 2004 Over The Counter Awards. We view the independent pharmacy sector as being key to the success of our brands and are very keen to build a strong relationship between our company and the pharmacists and pharmacy assistants whose knowledge and expertise we value."

So now it's time for you to take a look at the finalists – and to consider who will get your vote as the Pharmacy Assistants' Choice. Your voting form will be in the next issue. All the properly completed entries received by the closing date will be entered into a draw to win a fabulous two-night break for two at Ragdale Hall. Six runners-up will each receive a bottle of Champagne.

The winner and a companion will enjoy a Ragdale Taster Break (worth £540) in a superior room, with several treatment options. All meals are included, as well as use of the spa's exercise classes, gym, swimming pools, sauna, steam room, sanarium and sports courts. Over The Counter will pay up to £100 towards travel for the winner.

So get ready to give some pharmacy heroes that winning feeling – and you could even win some pampering for yourself.

TERMS AND CONDITIONS OF ENTRY.

1. The competition is open to all pharmacy assistants who are members of the Pharmacy Assistants' Association (PAA) and who are currently employed in a pharmacy in the United Kingdom.

2. The competition is open to all pharmacy assistants who are members of the Pharmacy Assistants' Association (PAA) and who are currently employed in a pharmacy in the United Kingdom.

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For further details on
Ragdale Hall please call:
01293 811111
or look on our website:
www.ragdalehall.co.uk

TURN THE PAGE TO
FIND OUT OUR
PRIZES

Who's in the final?

OTC Medicine Launch of the Year

■ GAVILAST

Gaviscon's new heartburn remedy offers long-lasting relief from symptoms. The ranitidine tablets are in packs of six, 12 and 48 (P), retailing at £2.15-£11.29.

The panel liked: The speed, effectiveness and convenience of Gavilast backed by the enviable Gaviscon heritage.



■ CANESTEN DUO PACK

A combination pack containing the Canesten Oral capsule and a tube of Canesten's double strength thrush cream. Aimed at busy, working women, Canesten Duo retails at £12.50.

The panel liked: The fact that women can use the oral capsule and also obtain instant relief with the cream. Canesten is a highly regarded brand and all the panellists said the product had been a big hit with customers.

■ GERMOLIDS DUO PACK

The new pack, with a 15ml tube of ointment and 12 suppositories, is aimed at sufferers of internal and external haemorrhoids and retails at £5.49.

The panel liked: The popular duo pack format which appeals to customers wanting something to tackle all their symptoms, along with the fact that it comes from a trusted brand.

■ LAMISIL 1% GEL

This new addition to the Lamisil athlete's foot range offers the cooling effect of a gel and soothing effect of a cream in a once-a-day, one-week treatment. The non-greasy formula is also indicated for dhotie itch and ringworm.

The panel liked: The once-a-day treatment which makes the product so convenient and easy to use. They also said customers report that it is extremely effective.

■ NICORETTE FRESHMINT GUM

Nicorette's Freshmint Gum gives NRT gum a minty coat. Available in 2mg and 4mg strengths, the gum is in packs of 30 or 105 in each strength. Pfizer promotes its chew-park-chew technique.

The panel liked: The taste! They said consumers reported that this was much better than gums they had previously used and it had made a great contribution to helping people quit.

OTC Advertising Campaign of the Year

■ EUMOVATE ECZEMA AND DERMATITIS CREAM

The panel liked: The powerful imagery of the press campaign which focuses on eczema triggers. The simple but effective images have brought customers to the pharmacy to ask for the product.



■ GAVILAST

The panel liked: The powerful way in which the advertising conveyed the long-lasting relief offered by the product in the Hellish Heartburn commercial, in which the devil is defeated by Gavilast and wonders what he is going to do for 12 hours.

■ GERMOLIDS

The panel liked: The use of humour in the cartoon-style press advertising campaign which targets women. The image of the woman putting her bottom into the fridge reinforces the cooling benefits of Germoloids and was amusing but still powerful.

■ NIQUITIN MINT LOZENGES

The panel liked: The strong support for a hugely successful product and the use of the lozenge in the tagline 'Help bring smoking to a full stop.'



■ OTRIVINE

The panel liked: The elephant poster and radio campaign emphasising the 'heavy support' for Otrivine and the memorable image of the elephant with a knot tied in its inflamed trunk.

over the COUNTER AWARDS 2004



OTC Supplement or Natural Product Launch of the Year

BIOFREEZE

This cryogel from Lanes contains natural menthol and ilex (yerba mates) in a tube or roll-on format. Designed to relieve muscle pain, each product retails at £8.95.

The panel liked: A new entrant into the cold therapy market offering a neat roll-on format option.

GLUCOSAMINE LIQUID AND JOINT FLEX

Two products from Health Perception offer different ways to use Glucosamine. The new patch – for muscular tension and joint discomfort – also contains cooling menthol. Joint-Flex is a strawberry-flavoured liquid offering an alternative for those unwilling or unable to take tablets or capsules. It is available as GlucOsamine Liquid and

GlucOsamine and Chondroitin Liquid.

The panel liked: The two variations on the popular glucosamine theme, with the patches being applied to the site of the pain and the liquid being a pleasant way to take a supplement.

SEALIFE

A marine lipid extract containing a rare mix of lipids and omega 3 fatty acids designed to help address nutritional imbalances which can complicate conditions such as asthma and other breathing problems. Derived from green-lipped mussel, potential allergens in the supplement have been eliminated.

The panel liked: The advanced formula which offered excellent benefits and the fact that it should not affect people who may normally be allergic to shellfish.

OLBAS BLACK CURRIANT PASTILLES

Active ingredients from natural sources are combined in a sugar-free, blackcurrant-flavoured pastille. A 40g pack retails at £2.29.

The panel liked: The fact that this valuable addition to the popular Olbas range is sugar-free, a popular selling point with customers.

THIRTEEN

A multivitamin and mineral supplement formulated to replace nutrients depleted by alcohol, absorb the toxins it produces and counteract free radical damage. A pack of 20 tablets retails at £3.49.

The panel liked: The triple-action formula and the fact that it is designed to help before and after drinking. ►

Recommend A New and Natural Way to Help Relieve Back, Shoulder and Neck Pain

What is Cura-Heat?

- ◆ Cura-Heat is an air-activated heat pack that provides targeted warming relief from back, shoulder and neck pain. The heat radiates to the source of pain, increasing circulation, decreasing stiffness and relaxing sore muscles.
- ◆ Many people use topical analgesics (rubs/lotions) to help treat this kind of pain. These can be messy and highly scented.



How does Cura-Heat work?

- ◆ Each Cura-Heat heat pack contains iron powder, water and salt. When these ingredients come into contact with the oxygen in the air, the ingredients oxidize and produce heat. The heat generated has been specially designed to ensure a constant and comforting heat.

How long does Cura-Heat last for?

- ◆ Cura-Heat delivers a comforting heat for a full 12 hours. As it is air-activated, it starts to warm up as soon as it is removed from its protective sachet.
- ◆ It takes 20 minutes to warm up and it maintains an average temperature of 50.4 degrees C for a full 12 hours.

How to Use Cura-Heat

- ◆ Simply remove the heat pack from the sachet then peel away the paper strip and apply the pack to clothing/underwear over the painful area. (Do not apply directly onto the skin).
- ◆ Press firmly in place and the warming therapeutic relief will begin.

Why Use Cura Heat?

- ✓ 12 hours of warming relief.
- ✓ It is portable and can be used anywhere
- ✓ Provides constant and comforting heat
- ✓ Fragrance-free
- ✓ It is non-medicinal.

Cura-Heat is priced at £3.99 and contains 3 heat packs. Available from major wholesalers – PIP code 299-2048



For further information contact:
Maverick Sales and Marketing Ltd
2nd Floor, 81 Station Road, Marlow, Bucks SL7 1NS
Telephone: 01628 478555

over the COUNTER AWARDS 2004



OTC Beauty Launch of the Year

ATLANTIC SEA SALT FOR BATHING WITH ORGANIC ALOE VERA

A combination of deep cleansing salt crystals and healing aloe vera, this product is one of the first to meet the Soil Association's new criteria for health and beauty care. A 250g pack, enough for two relaxing, soothing baths, retails at around £1.75.

The panel liked: The natural ingredients and the inclusion of aloe vera which appeals to 'green' customers. They felt the bathing salts offered good benefits at a very reasonable price.

NIVEA FOR HAND AND BODY NIGHT RENEWAL CREAMS AND BATH CARE STIMULATING MASSAGE SHOWER

The panel could not decide between these two products and felt that Nivea continues to offer innovative, effective and value-for-money products. The hand cream contains evening primrose oil, biotin and grapeseed oil and the body cream has Ceramide 3 and biotin. The shower product comes with a massage head with adjustable massage nodules. The bottle is squeezed to release the shower cream.

The panel liked: The advanced formulas of the night creams and the innovative shower head combined with caring, cleansing cream in the shower product.

RIMMEL LONDON FOR FULL VOLUME LIPSTICK AND LYCRA WEAR NAIL POLISH

Another joint finalist offering quality and value. Full Volume Lipstick helps make lips look up to 40 per cent fuller. In a metallic red pack, it is available in 15 colours. Lycra Wear Nail Polish brings the elasticity and resilience of Lycra to nail polish.

The panel liked: The whole Rimmel London package. The advertising featuring Kate Moss has revitalised the brand and helps promote a wide range of effective, edgy products which do not break the bank.



L'OREAL COLOR PULSE

A colouring mousse in 10 vibrant colours, which gradually fade after 8-10 shampoos. Applied to towel-dried hair, it is left for 30 minutes before rinsing and styling as normal.

The panel liked: The fact that this product is 'flying off the shelves' and the gradual fading means no harsh regrowth and no long-term commitment to a bright colour.

VEET BLADELESS RAZOR KIT

Offering a quick and simple alternative to shaving for legs and bikini line, the kit contains hair removing gel cream in two variants, with a bladeless razor, which whisks away the hair.

The panel liked: The new and effective approach to hair removal from a trusted brand in a format that offers convenience without risk of nicks and cuts.



OTC Pharmacy Educator of the Year

CAMBRIDGE COUNTERPART

The panel liked: The 14-part modular distance learning course co-sponsored by C&D and Wyeth Consumer Healthcare which they all used and found offered excellent basic grounding for pharmacy staff.

DENDRON PHARMACY ASSISTANT'S GUIDES

The panel liked: The well-designed and

presented guides and also the fact that this was supported by regular calls from the Dendron sales force.

RECKITT BENCKISER

The panel liked: The fact that the company produces good, well-targeted information via the sales force to increase product knowledge and help staff to make recommendations to customers with confidence.

GSK

The panel liked: The well-targeted and effective training modules, again backed up by calls from the sales force.

NHS QUIT

The panel liked: The smoking cessation training days which were an excellent way to expand knowledge of NRT and offer ways to support customers wanting to quit.

describing Information: Unguentum M is an ambiphilic topical preparation with emollient properties, which contains the high lipid content of an ointment but also has the water miscible characteristics of a cream. Ingredients: Purified water, white soft paraffin, cetostearyl alcohol, polysorbate 40, propylene glycol, glycerol monostearate 40-55, liquid paraffin, medium-chain triglycerides, sorbic acid, colloidal anhydrous silica,

sodium hydroxide. Uses: Unguentum M has emollient properties and is recommended for the symptomatic treatment of dermatitis, nappy rash, ichthyosis, eczema, protection of raw and abraded skin areas, pruritus and related skin conditions where dry scaly skin is a problem, and as a pre-bathing emollient for dry/eczematous skin, to alleviate drying effects. It is also used as a diluent for various topical corticosteroid formulations where a

lower strength preparation is required and as a general base for extemporaneous dispensing. Dosage and administration: A thin application of cream should be gently massaged into the skin three times daily or at appropriate intervals. When used as a protective cream, Unguentum M should be applied sparingly to the affected areas of the skin before, or immediately after, exposure to a potentially harmful factor. Contra-

indications, warnings etc: Unguentum M should not be used in patients sensitive to any of the ingredients. Undesirable effects: None known. Package quantities: 50g and 100g tubes, 500g tub and 200ml pump pack. Basic NHS cost: 50g £1.59, 100g £3.13, 500g £9.59, 200ml £6.19. Legal category: GSL. Product licence number: PL 00327/0115. Product licence holder: Crookes Healthcare Ltd, Nottingham NG2 3AA.



Unconventional

It isn't usual for a lipid-based emollient ointment to be ambiphilic but Unguentum M is a little bit different.

Loaded with skin-smoothing moisturising ingredients, it has the high lipid content of an ointment combined with the water miscible characteristics of a cream.

For symptomatic relief from eczema, nappy rash, dermatitis and other drying conditions in an easy to apply formulation.

Unguentum M. Works like an ointment, feels like a cream.



CROOKES HEALTHCARE

CK04-99-B

of preparation: September 2004

www.crookes.co.uk/hopservices

The Face that Got the Nation Quitting

One woman's televised quit attempt is already inspiring thousands to stop smoking'



The self-filmed video diaries of Lorraine O'Mullane's struggle to stop smoking are part of an innovative new advertising campaign for NiQuitin CO Mint Lozenges.

In the first week of her televised quit attempt, which was shown on TV from 13th September, sales of Nicotine Replacement Therapy (NRT) shot up by 13%¹ and the NiQuitin CO Mint Lozenge Lorraine is using in the ads has seen a dramatic increase in sales of 69% in two weeks.¹

Lorraine is delighted with the success of the campaign so far, and commented:

"I'm really pleased for myself and my family because I've managed to quit smoking, it's not been easy. It would have been great to think that I might have helped just one other person to quit smoking but to have inspired thousands is just fantastic! It's a great motivation for me to really keep it up this time."

Reference: 1. IRI Multis and Chemists – weekly data w/e 18 Sept vs w/e 4 Sept

Lorraine's Vital Statistics

- Age: 35.
- Lives: London.
- Occupation: Beauty Therapist.
- Smoking History: Approximately 15 cigarettes a day for nearly 20 years.
- Quitting History: 'Serial Quitter.'
- Seriously tried and failed three times to stop smoking in the past.
- Tried hypnotherapy, willpower, and relying on biscuits and chocolates but this didn't keep the cravings at bay.
- Fears about Quitting: Weight and failure.
- Snacked a lot when trying to give up in the past.
- Has tried and failed in the past.
- Support: Lorraine sought support for both the physical and behavioural aspects of quitting.

- She consulted a pharmacist and decided that NiQuitin CO Mint Lozenges would be the best form of nicotine replacement therapy for her, because they gave her something to put into her mouth instead of having a cigarette or eating.
- Lorraine logged on to www.Click2Quit.com to develop her own free personal Click2Quit stop smoking plan.
- The plan helped Lorraine to cope by giving her advice on the emotional difficulties of quitting smoking.
- Pleasant surprises:
- Noticed a big improvement in skin and hair condition.
- Doesn't need to mask the smell of smoke with perfume and mints.
- More time to spend with her daughter, Alannah.

Inspired to quit

Rebecca Whitehouse from London saw the advertising campaign and was inspired to join Lorraine and quit smoking:



"I've tried to quit smoking in the past but have never quite managed to kick the habit for good. Seeing what Lorraine was going through spurred me on to join her and try to stop smoking. It was inspiring to see that although she has gone through the pain of managing to stay off the fags, which kept me motivated when things got tough."

Online support

The stop smoking website Click2Quit.com already has seen a fantastic increase in people visiting the site with over 50,000 people visiting the site since the campaign started.

People are logging on to follow Lorraine's progress, as well as for the chance to chat to others who are trying to stop smoking, and to develop their own personal quit plans.

More people seek help from QUIT

More people are also turning to independent stop smoking charity QUIT for advice. The charity's helpline has seen a massive 16.5 % increase in the number of calls during the NiQuitin CO TV campaign.

James Baxter, London comments:



"I logged on to www.Click2Quit.com and signed up for my stop smoking plan, and I've found it interesting to read what Lorraine's been going through in her written diaries on the website, especially when I've felt like I've wanted a cigarette. It's helped keep me motivated."

Lorraine's Quitting Tips

Lorraine's seriously tried and failed to quit three times already – here she shares her tips on how she's managed to succeed this time.

1. Make sure you get the right support – here's what I did:

● I talked to a pharmacist about which form of Nicotine Replacement Therapy product was right for me.

● I developed my own personal stop smoking plan by logging on to

www.Click2Quit.com.

● I chose NiQuitin CO Mint

Lozenges to help me with my physical cravings.

● I told all of my friends and family that I was quitting, so they were ready to support me when I needed it.

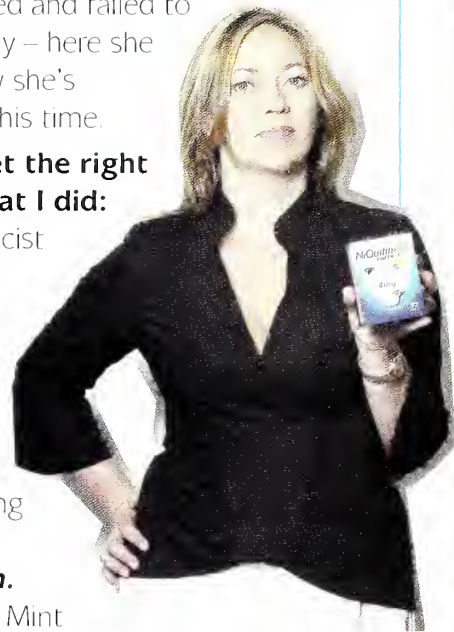
● The best advice I had from my pharmacist was to make sure I took the full course – to make sure it was as effective as possible.

2. Remember your motivations

● My main motivations for quitting smoking were the obvious risks to my health, including cancer and heart disease, but also the risk to my five year old daughter, Alannah, who is asthmatic.

3. Don't quit on quitting

● Even if you've failed in the past, it's never too late to quit.



Mark Dickinson, smoking control category director for NiQuitin CO, said:

"This is completely new territory for us and there was no guarantee that Lorraine wouldn't slip up and go back to smoking. We are pleased that to date the campaign has had such a significant impact on the number of people who want to quit smoking and are obviously delighted that Lorraine is doing so well – we all have our fingers crossed that she will resist any temptation to have a cigarette."



nicotine

nicotine replacement therapy may need dose adjustment. Side effects: depression, irritability, anxiety, insomnia, headache, dizziness, nausea, cold, flu-like, diarrhoea, hiccup, flatulence, GI disturbance, appetite change, oral irritation, dry mouth, nightmares, restlessness, mood change, pharyngitis, thirst, taste/sensory disturbance, rhinitis, respiratory disorders, rashes, itching, sweating, numbness, flushes, vascular disorders, halitosis, chest

pain, throat swelling, leg oedema, pain, malaise, wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia. Pregnancy/lactation: try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. GSK PL 00079/0369, 0370, 0373 & 0374 PL holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. Pack size and RSP: 36's £8.99, 72's £17.49.

Are you what you

Consultant pharmacist **Mary Allen**, FRPharmS, takes a look at the latest thinking on salt and other nutritional necessities

AIMS OF THIS FEATURE

- To review salt intakes
- To look at other 'hot' topics in nutrition
- To see why too much salt is bad for us
- To look at ways of reducing our intake to recommended levels

Having recently read the tragic history of how Sid the Slug became a salt campaigner, I feel duty bound to lend my support to his cause.

If you don't already know, Sid lost his entire family because of salt. One by one his parents and siblings all died terrible deaths through taking too much of it in their food.

Although our bodies can't survive without salt, too much sodium (contained in salt) can raise blood pressure, which triples the risk of heart disease and stroke. Two thirds of women, and a staggering 85 per cent of men, probably eat too much salt, so that's a lot of people at risk. Adults should eat no more than 6g of salt per day, about a teaspoonful. That includes all the salt that is hidden in prepared food, not just what is added to the cooking pans or sprinkled on food. Children should have less than adults.

So what does salt do to us?

Salt is one of the causes of high blood pressure. Other factors include being overweight, not getting enough exercise, high cholesterol levels, being diabetic and too much alcohol. Family history is a factor, too.

As well as being more likely to develop heart disease and stroke, people with high blood pressure are twice as likely to die from these conditions. High blood pressure can also lead to kidney failure and eye damage,

Salt: maximum daily amounts for children

3 years	2 g/day (0.8g sodium)
4-6 years	3g/day (1.2g sodium)
7-10 years	5g/day (2g sodium)
11 and over	6g/day (2.5g sodium)



yet most people with high blood pressure don't know they have it unless it is measured.

High blood pressure increases the risk of heart disease in various ways. Extra pressure means the heart has to work harder and the resulting damage can cause heart failure and increase the risk of a heart attack. It also raises the risk of atherosclerosis – narrowing of the arteries caused by fatty deposits. This raises blood pressure even more and further increases the risk of a heart attack.

Every year, around 100,000 people in England and Wales have their first stroke – 10 per cent of them will be under retirement age.

A stroke is caused when a blood vessel supplying the brain bursts or becomes blocked by a blood clot so the part of the brain supplied

by the blood vessel is deprived of oxygen and is damaged, causing problems including difficulty with movement and speech.

How can we help ourselves?

A teaspoonful of salt a day is not very much, especially when you consider that three quarters of the salt we eat comes from processed food such as ready meals, biscuits, soups, breakfast cereals and sauces – items we don't always associate with salt.

So, although it's important to cut down on the salt we add to the cooking pan or to our meal at the dinner table, it's the salt we can't see that we should be worrying about.

Increasingly, we have come to rely on ready meals and processed foods, and salt helps



eat?

ake them more tasty! Even people who do their own cooking will buy some processed foods, like bread, which can be high in salt. So, we should all look at what we buy to check how much salt is there.

How much is too much?

It's important to get into the habit of reading labels to see whether they are high, moderate or low in salt (*see table*). Best of all, we should try to buy products with no added salt – or cook fresh food from scratch and monitor how much we add. It does not mean banning items such as crisps for ever, just making them an occasional treat.

Remember, babies and children under 11 years old need less salt than adults (*see table*). It should never be added to food for babies and processed foods not intended for babies can be harmful as they contain too much salt. Cutting down on salt is just one part of healthy eating. A healthy diet high in fruit and vegetables, high in fibre and low in salt and saturated fat helps not only to lower the risk of heart disease and stroke, but lowers the risk of some cancers too. The Food Standards Agency's website is packed with information

about salt, how to read food labels and lots more. Visit the site at www.eatwell.gov.uk

What else is not in nutrition?

● **Omega 3 fatty acids:** Omega 3 fatty acids (found in oily fish like salmon, mackerel sardines, trout and fresh tuna) are known to help prevent heart disease. They can improve the condition of some patients with depression and manic depression (bipolar disorder) and scientists think they may also improve our brainpower.

Omega 3 fatty acids probably make blood less sticky and less likely to clot, and help to protect the heart. They may also protect arteries from damage and help lower blood

levels of fats called triglycerides. Raised triglyceride levels are often associated with coronary heart disease.

In the brain, omega 3 fatty acids may help improve nerve function. We need to obtain all our omega 3 fatty acids from food. Oily fish is a rich source and everyone should aim to have fish twice a week, with at least one portion of oily fish. People who have angina or have had a heart attack should try to have two or three portions of oily fish a week to help protect



Foods high in salt

OBVIOUSLY SALTY	SALTY BUT NOT SO OBVIOUS	PROCESSED FOODS LIKELY TO BE HIGH IN SALT
Crisps and pretzels	Bacon and ham	Ready meals
Chips with salt	Cheese	Soup
Anchovies	Pickles	Tinned vegetables & pulses (unless no added salt)
Salted nuts	Sausages	Cooking sauces
Dry roasted nuts	Smoked mackerel and salmon	Baked beans
Olives	Yeast extract (Marmite etc)	Pizza
	Stock cubes and gravy granules	Biscuits

DERMATOLOGICAL

E45

Dry skin & Eczema

EXPERT E45

It might not come as a surprise to learn that the **E45 Brand** is the first recommendation by healthcare professionals for the special moisturising needs of dry and troubled skins!

With 50 years of know-how the **E45 Brand** has carefully developed products that are unperfumed, dermatologically tested, soap and detergent free to provide effective emollient therapy for the symptoms of dry skin, eczema, psoriasis and ichthyosis.

Widespread success in clinical trials is bolstered by the fact that the **E45 Brand** is the most requested brand on prescription by patients for the management of their dry skin conditions!...

...perhaps the truest vote of confidence in our skincare expertise.



Product Information E45 Cream. E45 Cream is a smooth emollient cream containing white petrolatum 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. Uses: For the symptomatic relief of dry skin

conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. Dosage and administration: Adults, children and elderly

Apply to the affected part two or three times daily. Contra-indications: E45 Cream should not be used by patients who are sensitive to any of the ingredients. Undesirable effects: Occasionally, hypersensitivity reactions, otherwise adverse

effects are unlikely, but should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. Package quantities: 50g tube, 125g tub, 500g pump pack. Basic NHS cost: 50g £1.18, 125g £2.39, 500g £6.20

Legal category: GSL. Product licence number: PL 03276904. Product licence holder: Crookes Healthcare Ltd, Nottingham NG2 3AA. Date of preparation: January 2002. Reference: 1. U & A data HCP 2003. CHC3K04-94A. Date of preparation: September 2004

their heart. Small amounts of omega 3 fatty acids are found in plants such as rapeseed, walnut or soya oil, dark green leafy vegetables, cereal products and nuts and seeds, but some people think vegetable sources may not have the same benefits as those in fish.

And what about vitamin D?

Vitamin D is found in foods including oily fish, liver and eggs and some foods, such as margarine, are fortified with vitamin D.

This vitamin helps regulate how calcium

and phosphate are used in the body, two minerals which help keep bones and teeth healthy. A vitamin D deficiency causes rickets in children and osteomalacia in adults. Some scientists also think vitamin D may help to prevent some cancers.

We make most of our vitamin D through the action of sunlight on our skin and because the body can store it for future use, it isn't needed every day. Generally, 20 minutes of sunlight on the face and arms during the summer provides our requirements for a year.

The Government's Food Standards Agency's web site suggests that taking too much vitamin D in supplement form could be harmful, but a supplement of 25 micrograms (0.025mg) or less per day is unlikely to cause harm. ©

Test your knowledge

Win a bottle of Champagne with Over The Counter

Check out what you have learned in our nutrition feature and you could win a bottle of bubbly. Just tick or circle the answers to the following questions, complete the form with your name, address and the name of the pharmacy where you work and send it off. The first correct entry drawn on the closing date of December 31 will be the winner.

1 How many women and men eat too much salt?

- a** a third of women and 45 per cent of men
b two thirds of women and 85 per cent of men
c half of all women and men

2 The recommended daily intake of salt for an adult equates to:

- a** a teaspoonful **b** a dessertspoonful
c a tablespoonful

3 Salt raises blood pressure and this is a risk factor for:

- a** cancer **b** heart disease **c** stroke

4 How many portions of oily fish are recommended for everyone each week:

- a** one **b** two **c** three

5 Vitamin D helps regulate how the body uses which minerals?

- a** calcium **b** iron **c** phosphate

Name _____

Pharmacy _____

Address _____

Send your completed entry to: Test Your Knowledge/Nutrition, Over The Counter, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Save postage by putting all your entries for this issue's offers and competitions into one envelope and mark it November Competitions.

Please tick this box if you do not wish to receive information from CMP Information or, from time to time, from selected third parties. See Contents page for further details.

WHAT WE HAVE LEARNED

It is easy to eat too much salt because so much is hidden in processed foods

It is vital to read labels

An adult should have no more than 6g of salt per day; a child should have less

Why we need omega 3 fatty acids and how to obtain the right amount

Why we need vitamin D and how much we need

DERMATOLOGICAL

E45



DERMATOLOGICAL

Prescribing Information: E45 Cream. E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. Uses: For the symptomatic relief of dry skin conditions,

where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. Dosage and administration: Adults, children and elderly: Apply

to the affected part two or three times daily. Contra-indications: E45 Cream should not be used by patients who are sensitive to any of the ingredients. Undesirable effects: Occasionally, hypersensitivity reactions, otherwise adverse effects are unlikely, but

should they occur, may take the form of an allergic rash. Should this occur, use of the product should be discontinued. Package quantities: 50g tube, 125g tub, 500g pump pack. Basic NHS cost: 50g £1.18, 125g £2.39, 500g £6.20. Legal category: GSL. Product licence number:

PL 0327/S904. Product licence holder: Crookes Healthcare Ltd, Nottingham NG2 3AA. Date of preparation: January 2002. References: 1. Carr 1997, 2. Vickers and Kirby 1989, 3. Hobday and Kirby 1997. CHCSK04-848. Date of preparation: September

Nutrition products



Cholesterol guidance

High cholesterol is a risk factor for heart disease and stroke. It is a condition where there is a build-up of a fatty substance called cholesterol in the arteries. This can lead to a heart attack or stroke.

Additional fatty acids, such as omega-3 fatty acids, can help to lower cholesterol levels. Omega-3 fatty acids are found in fish oil, flaxseed oil, and other sources.

The E45 range also contains a range of nutritional products to help energy, stress and healthy complexion and glowing complexion.

Guides are available by post from 0920 741000 1100

Abidec is top of the drops

Chefaro UK says latest figures show that its Abidec multivitamin drops are the multivitamin drops most recommended and prescribed by doctors and health professionals.

Formulated to help meet the nutritional requirements of babies and children, Abidec has a medicine licence and is, says the company, particularly beneficial in preventing vitamin deficiencies

and maintaining normal growth and health in the early years.

Suitable for children from infancy to 12 years, the drops can be added to milk or juice to provide seven essential vitamins. Abidec claims more than 44 per cent of children's multivitamin prescriptions.

Chefaro UK Ltd,
Tel: 01480 421800



Complan dominates its sector



Top-selling nutritional health brand Complan now accounts for 51.8 per cent of value sales in its sector.

The Complan range contains vitamins and minerals to provide complete nourishment when it is needed.

The latest addition is the chocolate-coated Complan Active meal bar and also available are Complan nutrition drinks in sweet and savoury variants and Complan+oats, a vitamin-rich cereal.

HJ Heinz & Co Ltd,
Tel: 020 8573 7757

Soaked to the skin

Dry and sensitive skin needs treatment that works hard to moisturise.

Over the years, the trust earned by E45 Cream to provide moisturising relief for a range of dermatological conditions has gathered sound clinical support. Studies show E45 Cream brings significant improvements in the dryness, redness and cracking of eczema¹ and the poor texture and scaliness of conditions like ichthyosis.²

White soft paraffin, light liquid paraffin and Medilan – a highly refined, hypoallergenic form of lanolin – work synergistically to replenish moisture and improve skin appearance.

As well as being efficacious, our dermatologically tested, unperfumed and well tolerated emollient was voted pleasant to use by 82% of patients.³

E45 Cream. Experience brings expertise

Dry skin & Eczema

EXPERIENCE E45



Cream

Relief

all-round

Amid dire predictions of widespread suffering this winter, **Ailsa Colquhoun** takes a look at the coughs and sore throats market in our second look at winter remedies

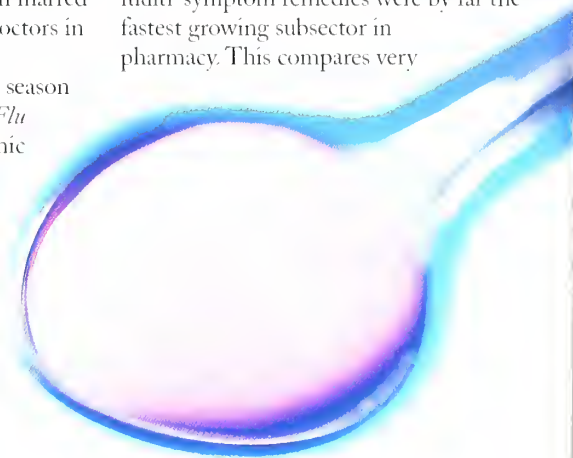
The launch in October of the annual Department of Health flu vaccination campaign is, to some, a most unwelcome reminder that the cold and flu season is truly upon us. Especially since the start of the annual campaign, this year headed by Manchester United footballer and asthma sufferer Paul Scholes, has been marred by reports of supply shortages from doctors in all parts of the country.

But, with early forecasts of a severe season already in this year (*source: Benlyn 4 Flu Monitor*), as well as a possible pandemic of avian flu, it looks as though your customers will have good reason to come and talk to you about their winter remedies needs.

Fortunately for pharmacy staff, winter remedy suppliers have already been active and in cough products – pharmacy's number one

winter remedy market – attention has centred this year on making products as 'all-round' as possible.

Not only does this cater for the considerable number of consumers who actively seek out multi-symptom relief, it also makes sound commercial sense, as last year multi-symptom remedies were by far the fastest growing subsector in pharmacy. This compares very



How well do you know your brands?

As part of its Shoppers Insight research, RB asked customers to identify a brand from its primary pack colours and its logo, but without the brand name. So how well did the supposedly better-known brands do? The % figure relates to recognition rates

Lemsip Cold & Flu Lemon (10s)	100%
Lemsip Max Cold and Flu (5s)	56%
Beechams Powders (10s)	50%
Beechams Cold and Flu Hot Lemon & Honey (10s)	30%
Strepsils (vitamin C)	44%
Benylin Chesty Coughs	20%
Sinex decongestant nasal spray	95%
Sudafed Dual relief	20%
Sudafed Congestion Relief	20%
Nurofen Tablets	94%
Anadin Extra	75%
Solpadeine Headache	25%

avourably with the cough subsector, which last year saw sales in pharmacy fall 1.1 per cent in value over the year to March. This, says Mintel, was because consumers held off buying any medicines until their symptoms became persistent or particularly irritating.

Accordingly, almost two thirds of the money spent on cough remedies is accounted for by expectorants.

Importantly for pharmacy staff, two of this year's key cough launches so far are both Pharmacy-only lines, which will go a long way to boosting pharmacists' already dominant share of the cough subsector.

Covonia, for one, combines both the popularity of expectorants and multi-symptom relief in its new Covonia Cold & Flu Formula, which contains guaiphenesin for chesty coughs as well as full therapeutic doses of paracetamol and the decongestant phenylephrine. The product is being marketed as offering relief from all five major symptoms of colds and flu.

GSK's new offering for the 2004-05 winter season takes the same tack. The new Nurse range cough variant, Cough Nurse Night

Time Liquid, contains the decongestant diphenhydramine and the cough suppressant pholcodine and aims to build on

To look ahead to likely levels of demand this winter
To see why sales through pharmacy fell a little last year
To identify new products for the coming season
To look at any changes in the sore throat market

the success of the 24-hour relief Day and Night Nurse Capsules, which GSK introduced two years ago. The launch, supported by an £800,000 multi-media advertising campaign in December, also hopes to strengthen the brand's night-time cold and flu focus.

Pfizer Consumer Health, meanwhile, will be keeping its Benylin brand in the public eye with a £2.5m multi-media campaign, ahead of new product development to be announced in the New Year.

There is also activity this year among the traditional remedies. Family-owned Allens & Co has just rebranded its flagship Pine & Honey Balsam in a bid to maintain its traditional image but communicate its product benefits more clearly. The company believes its formulation, which dates back to the early 1900s, is a key way for retailers to avoid competing head-on with lines that may end up being heavily discounted by the largest multiples. "The pressure that these pricing initiatives are putting on turnover and margins makes it logical to introduce selected alternative brands," says Howard Dixon, Allens' managing director.

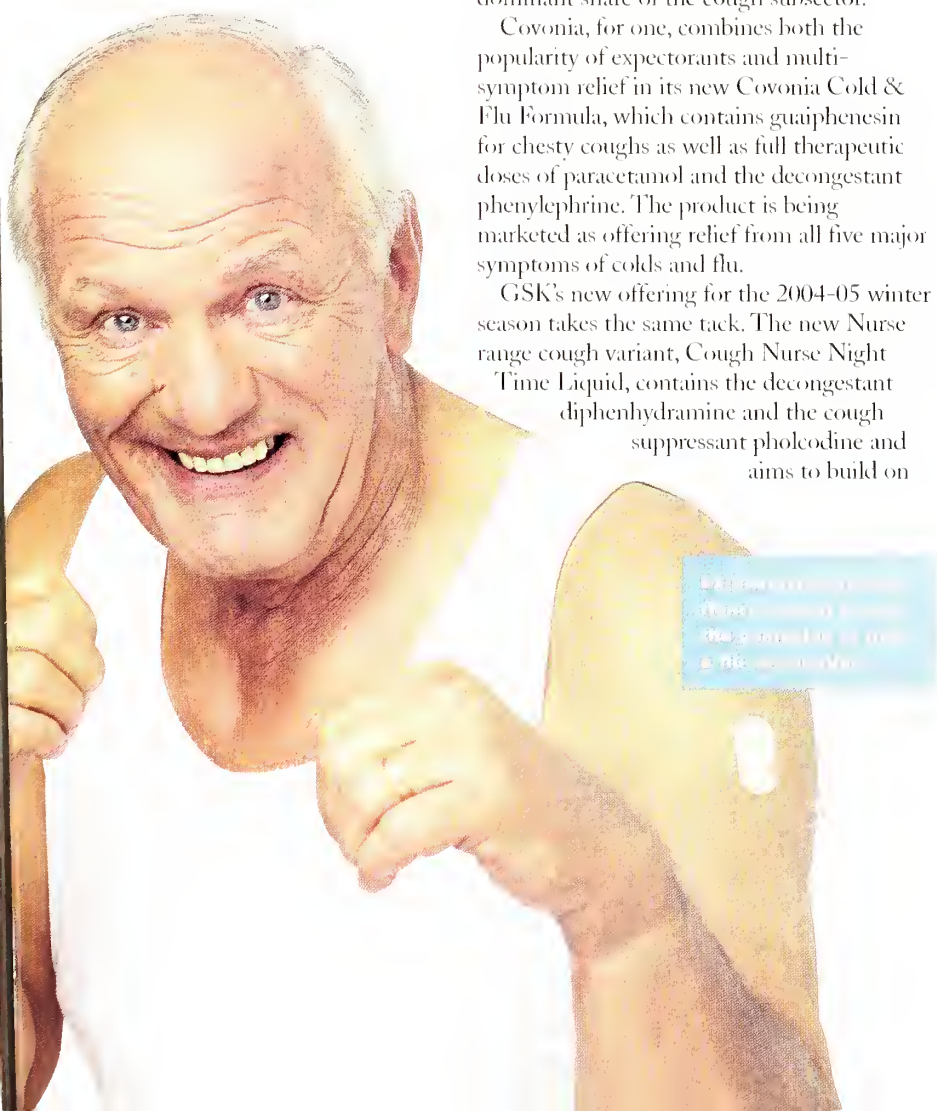
See the potential of sore throats

Sore throat remedies, historically, have always been a poorly-performing subsector and, in pharmacy especially, they remain a challenge. But the signs are that grocery's dominance in this market could be about to be shaken.

Mintel believes that the sector has grown poorly over the past six years as the double-whammy of competition from symptom-specific remedies offering superior efficacy and pressure from milder, 'sweetie' type confectionery products has taken its toll. Research by Strepsils reveals that only 31 per cent of sore throat sufferers will now buy medicated confectionery in order to gain relief, compared with 45 per cent in 1995.

The good news for pharmacy is that this year, Cadbury Trebor Bassett, which now owns the Hall's brand, says its new Halls Soothers Triple Action Sore Throat Lozenges offer "a more serious functional solution" that appeals to consumers wanting to "fight against illness through pharmacy styled products". It has scheduled a £2.5m advertising spend in support.

To defend its pole market position,



Traditionally,

own-label brands find the winter remedies category a challenge

Crookes is supporting its Strepsils brand with new extra citrus menthol-flavoured, improved orange with vitamin C lozenges and more user-friendly pocket packs, all supported by a

Test your knowledge

Win a bottle of Champagne with Over The Counter

Check out what you have learned in our winter survival feature and you could win a bottle of bubbly. Just tick or circle the answers to the following questions, complete the form with your name, address and the name of the pharmacy where you work and send it off. The first correct entry drawn on the closing date of December 31 will be the winner.

- 1 This year, experts are predicting a pandemic of:**
a gastro-enteritis b avian flu c dry coughs
- 2 What percentage of sore throat sufferers will buy medicated confectionery to gain relief?**
a 69 per cent b 45 per cent c 31 per cent
- 3 How much more likely are severe sore throat sufferers to go to the pharmacy than those suffering mild symptoms?**
a 1.5 times b three times c 4.5 times
- 4 What new format was seen in America last year?**
a a patch b a medicated oral strip c a new type of pill
- 5 Put cold and flu remedies where consumers expect to find them and you can boost sales by:**
a 4 per cent b 10 per cent c 14 per cent

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your Knowledge, Over The Counter/Winter remedies, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Remember, if you want to enter for more than one of our competitions or giveaways, please, postage by putting all your entries into one envelope and make it November 30th.

Please tick this box if you do not wish to receive information from CMP Information or, from time to time, from selected third parties. See Contents page for further details.

multi-million pound advertising campaign featuring a cartoon character called Mr Throat. Crookes says the campaign shows how the Strepsils range is suitable for all types of sore throat.

GlaxoSmithKline, too, is confident of the appeal of its Beechams Max Strength Sore Throat Relief Lemon & Honey or Blackberry Lozenges, which it says was the best sore throat launch in sales terms over the past three years.

GR Lane, meanwhile, is taking the opportunity to relaunch its Olbas Blackcurrant Pastille, with even more blackcurrant flavour. A £3m national TV and press advertising campaign is running in support.

Crookes sounds a warning bell for grocers, however. Strepsils' research points to the high distress value of products at the medicated end of the market and a consequent consumer demand for advice and product recommendation. Senior product manager Helen Smallridge says: "Efficacy becomes even more important and taste much less important for those consumers who are seeking a more medicinal, serious product to treat their sore throat. Consumers suffering a severe sore throat are one and a half times more likely to visit a pharmacy than those suffering a mildly sore or dry throat."

Although medicated products are chosen for their efficacy and medical 'credentials' at the milder end of the market, taste and availability are the key purchase drivers, Strepsils research reveals.

With this in mind, Impex Management, which markets the Fisherman's Friend range, is aiming to reposition the range as a year-round line. The news will be particularly welcome in pharmacy, where the brand commands the number four market position. This year the range is to benefit from a £1m promotional spend which is designed to appeal to younger, female consumers by focusing on variants such as Original Extra Strong and the newest line, Cherry Menthol flavour. Key sampling at sponsored ice-skating rinks in the London area in the run-up to Christmas aims to appeal to this new target audience.

And for the future? Mintel believes the sore throat market could be on the point of revolution – if the US product scene is replicated here. It reveals that last year the big news came from a remedy presented as a medicated oral strip, which is placed on the

WHAT WE HAVE LEARNED

- Experts predict a severe winter season
- Sales were hit last season by consumers' reluctance to buy until symptoms were persistent or troublesome
- All-round relief is offered by a number of new products
- The medical confectionery sector is now offering products with 'more serious functional solutions'
- Merchandising effectively is a key to sales success

tongue. This could prove an interesting development for a UK market dominated by pastilles and lozenges.

Owning own-label

Traditionally, own-label brands find the winter remedies category a challenge. This is a market where consumers are fiercely brand loyal and own-label products in this sector do not tend to find their way into the shopping basket as readily as, for example, vitamin and mineral supplements. As Reckitt Benckisers' new Shoppers Insight research reveals, more than one in four consumers will actually leave a store if they cannot find the product they want – even though the majority are ill at the time of their purchase.

Unlike their counterparts in grocery, pharmacy staff can offer advice and product recommendation, and are in a better position to maximise the potential of own-label, which is strongest in cough products, says research by Pfizer Consumer Health. Despite consumers' general lack of understanding about the ingredients in winter remedies, when it comes to telling the difference between a tickly or chesty cough, it seems consumers do know their stuff.

Putting on a show

Reckitt Benckiser's Shoppers Insight research states that the first thing staff should ensure is that the category is merchandised in the right place – next to the painkillers and stomach remedies and the children's painkillers and cold and flu remedies. By putting cold and flu remedies where consumers expect to find them, lost business can be reduced by as much as 14 per cent, says RB.

The company's research also shows that consumers respond well to 'signpost' brands or at least coloured point of sale. The Shoppers Insight research states that displays with 'theatre', such as coloured header boards or shelf wobblers, prompt 400 per cent more purchases compared with conventional merchandising.

Likewise, off-shelf displays, especially in the peak months of December and January, can be a useful way to stay in stock and encourage purchase of premium brands. RB's research reveals that shopper interaction is trebled when a checkout unit is present. ©

Take it
anywhere!



The strength of Robitussin in a **pastille**

One pastille is equivalent
to a 5ml liquid dose.

(7.5mg Dextromethorphan)

Full strength ✓ Non-drowsy ✓ Sugar free ✓ Pleasant Tasting



Robitussin
Soft Pastilles for Dry Coughs
Contains 20 Pastilles

Indication: Cherry menthol flavour Pastille for oral administration. Each pastille contains 7.5mg of active ingredient, Dextromethorphan Hydrobromide. Indications: For the relief of persistent dry irritant coughs. Contraindications: Hypersensitivity to any of the ingredients. Warnings: Use with caution in patients currently receiving, or who have within the last two weeks received, monoamine oxidase inhibitors. Special warnings: Use with caution in patients with hepatic dysfunction. Side effects: Rarely causes dizziness and gastrointestinal upset. Effect on ability to drive and use machines: The active ingredient (Dextromethorphan hydrobromide) has no adverse effects on the patient's ability to drive and to use machines. Incompatibilities: None stated. Use during pregnancy and lactation: Not recommended. Overdosage: Gastric lavage and general supportive measures should be used. Pharmaceutical Particulars: No special requirements. Shelf-life: 2 years. Legal category: P. Package quantities and prices RSP: 20s Blister Packs £3.59. Marketing authorisation no: PL 0165/0151. Marketing authorisation holder: Careline Pharmaceuticals Limited, Huntercombe Lane South, Taplow, Berkshire, SL6 0PH. Date of preparation: May 2003. * Trade Mark



Cough and sore throat products



Halls gets serious with Soothers

Halls offers a more 'serious functional' solution in the medicated confectionery market with Halls Soothers Triple Action lozenges. The new lozenges have anaesthetic, antiseptic and demulcent properties and are available in Original or Honey and Lemon flavours, retailing at £2.25 for a pack of 20.

Halls Throaties soft pastilles are in four formats – Strong Original, Blackcurrant, Honey & Lemon and Redcurrant & Rosehip.

Ernest Jackson & Co Ltd,
Tel: 01363 636100



Traditional touch from Buttercup

Buttercup cough syrups are specially prepared with ingredients traditionally used for relief from coughs, colds and sore throats.

Ingredients include squill extract, capsicum tincture, ipecacuanha and honey to help soothe the throat, relieve coughs, reduce phlegm and facilitate the clearing of the chest. As the products do not contain alcohol, they will not cause drowsiness.

Buttercup comes in three variants – Original, an expectorant with squill liquid extract, Honey and Lemon, with ipecacuanha and honey to assist a productive cough and soothe the throat and Buttercup Infant with ipecacuanha for effective relief of coughs and menthol to help clear congestion.

Chefaro UK Ltd,
Tel: 01480 421800

Strong support for sprays

Ultra-Chloraseptic spray has gained some attention this winter with some media and TV campaigns.

The original and new Cherry flavoured sprays, with new packaging, are featured in a £300,000 winter TV campaign on four main channels, magazines and press. During the peak season, the why and focus of the campaign, being consumers, not all sore throat remedies suck – they just don't continue to stress that so, consequently, spray is stronger than just Chloraseptic.

Prestige Brands,
Tel: 01753 844376

Not all
sore
throat
remedies
suck



Covonia's campaign with extra clout

A £2.5 million national television campaign supports Covonia "the cough medicine with clout" this winter. Covonia is the number two cough brand in the UK and the campaign represents the biggest ever spend.

Building on last year's campaign, two new executions featuring Stan the Covonia bull will be on screen until the end of January. The five ad variants feature the core products in the range – Coughs, Vapour Drops, Throat Spray and new Cold & Flu Formula.

Point of sale material for pharmacies includes showcards, notepads, giant cartons and boxes of Covonia tissues.

Thornton & Ross,
Tel: 01484 848200



Support for Olbas range



GR Lane is supporting the Olbas range with a £3 million national TV and press advertising campaign.

As well as Olbas Oil, a natural remedy which includes essential oils of mint, eucalyptus, clove, juniper berry, wintergreen and menthol, the range includes traditional and sugar-free blackcurrant pastilles, inhaler, bath, vapour rub and a children's variant.

The company has relaunched its Olbas Blackcurrant Pastille with an improved taste and more blackcurrant than ever. A 40g pack retails at £2.29.

GR Lane Health Products Ltd,
Tel: 01452 507 458

New name for AAA spray

Manx Healthcare has renamed AAA Mouth & Throat Spray to AAA Sore Throat Spray. The company has also introduced a new carton design to show exactly what the spray does, delivering fast and direct relief for sore throats and minor infections.

With a local anaesthetic and antiseptic action, AAA Sore Throat Spray delivers 1.5% w/v metered dose of benzocaine.

Each pack gives 60 doses and may be used every two to three hours.

The brand is being supported by a £100,000 consumer PR campaign in key women's titles until February and window display material is available for pharmacies.

Manx Healthcare,
Tel: 01926 461628



HALF TIME HEALING



CUT COLD SORE HEALING TIME BY UP TO HALF*^{1,2}

Nothing works faster than Zovirax[®] Cold Sore Cream to treat the tingle or bust the blister of cold sores.^{1,2} Zovirax helps soothe pain within an hour of application³ and cuts cold sore healing time by up to half.^{4,5} You and Zovirax together – what a great team.

*Compared to no treatment



aciclovir

Zovirax Cold Sore Cream Product Information

Presentation: 5% w/w aciclovir in water miscible cream base. **Uses:** Treatment of Herpes Simplex virus infections of the lips and face (cold sores). **Dosage and administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contraindications:**

Known hypersensitivity to aciclovir or propylene glycol. **Precautions:** Only to be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. Consult doctor if pregnant or

breast feeding. **Side effects:** Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **Legal category:** P **Product licence number:** 00003/0304. **Product licence holder:** The Wellcome Foundation Limited, Greenford, Middlesex, UB6 0NN, U.K. **Further information available on request from:** Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 2 g tube - £5.99; 2 g pump - £6.19. **Date of last revision:** March 2004. Zovirax is a registered trade mark of the GlaxoSmithKline group of companies.

References:

1. Spruance SL *et al.* Antimicrob Agents Chemother 2002; **46**(7):2238-43.
2. Spruance SL. Seminars in Dermatology 1992; **11**(3): 200-206.
3. Van Vloten WA *et al.* J Antimicrob Chemother 1983; **12**(Suppl B): 89-93.
4. Fiddian AP *et al.* Br Med J 1983; **286**: 1699-1701.
5. Data on file, GlaxoSmithKline, 2001.



GlaxoSmithKline
Consumer Healthcare



Tickly coughs.

When the mucous lining of the throat becomes inflamed and sensitive, it triggers repeated bouts of dry tickly coughs, which can seriously disturb a good nights rest. If for any reason we have inadequate restful sleep we wake up tired and unable to cope the next day. Cough Nurse Night Time Liquid

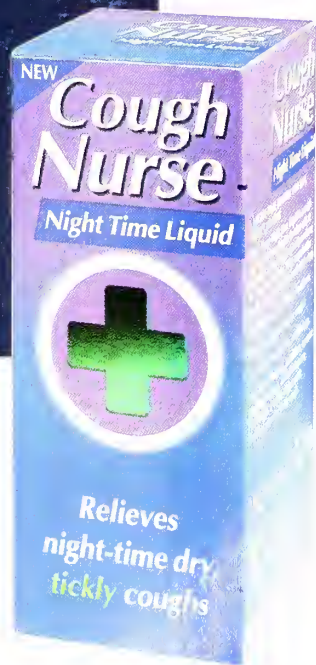


THE GSK GROUP

Cough Nurse Night Time Liquid. **Presentation:** Clear, yellow-green coloured syrup containing diphenhydramine hydrochloride 50 mg, pholcodine 15 mg per 20 ml. **Uses:** Symptomatic relief of dry, ticklish, unproductive coughs. **Dosage and administration.** *Adults and children 12 years and over* 20 ml at bedtime. *Children under 12 years.* Not recommended. **Contraindications:** Hypersensitivity to ingredients. Avoid in pregnancy and lactation. **Precautions:** May cause drowsiness, if affected do not drive or operate machinery. Avoid alcoholic drink. Caution required.



Night, night.



...specially designed to dampen down night time tickly coughs. And so aids restful sleep.
...for further information on new Cough Nurse, simply visit us at www.practicehealth.co.uk
...stock New Cough Nurse. Because a peaceful night means a better day.

Diphenhydramine Hydrochloride, Pholcodine

Patients taking medication (e.g. atropine, tricyclic antidepressants). Side effects: Occasionally nausea, vomiting, drowsiness, skin rash, anticholinergic effects (e.g. dry mouth), dizziness, depression, irritability and nightmares. Legal category: P. Product licence number: PL 00014/0230. Product licence holder: The Boots Company PLC, 1 Thane Road West, Loughborough, Leicestershire, LE12 4AA. Package quantity and RSP: 150 ml £3.99. Date of preparation: September 2004. Cough Nurse is a trademark of the GlaxoSmithKline group of companies.

Cough and sore throat products



Streifen Lozenges

Streifen Lozenges are a powerful winter campaign planned. A £5.3 million advertising campaign will support its portfolio, which this year has been extended by a new Night Nurse variant, Cough Nurse Night Time Liquid. The Pharmacy-only licensed line contains 50mg diphenhydramine and 15mg pholcodine (per 20ml dose) and retails at £3.99 for 150ml.

GSK's winter warmers

GlaxoSmithKline Consumer Healthcare has a powerful winter campaign planned.

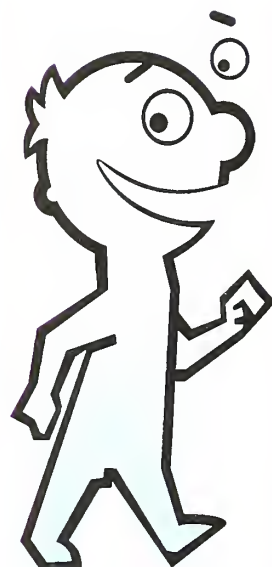
A £5.3 million advertising campaign will support its portfolio, which this year has been extended by a new Night Nurse variant, Cough Nurse Night Time Liquid. The Pharmacy-only licensed line contains 50mg diphenhydramine and 15mg pholcodine (per 20ml dose) and retails at £3.99 for 150ml.

Beechams All In One Tablets have emerged as the top GSL launch in cold and flu over the past three years, says the company, while its Max Strength

Sore Throat Relief Lemon & Honey or Blackberry Lozenges offer the strongest GSL sore throat product available. The lozenges combine maximum strength anaesthetic and antibacterial actives.

The addition of Beechams Veno's for Kids to the Beechams Veno's portfolio has helped boost its value share.

GlaxoSmithKline Consumer Healthcare,
Tel: 0845 762 6637



Strepsils go for the throat

Mr Throat takes up the Strepsils baton this winter. As the mainstay of this year's multi-million pound advertising campaign, he will be communicating the message that the Strepsils and Streifen range has a solution for every kind of sore throat.

The Strepsils range includes new Extra Citrus Menthol-flavoured lozenges and Orange with Vitamin C lozenges which have improved orange flavour, as well as more user-friendly pocket packs.

Crookes Healthcare Ltd,
Tel: 0115 953 9922

Lemsip in the news

Reckitt Benckiser has now scheduled £6 million to support Lemsip. The range was recently extended with the launches of two sinus variants – Lemsip Cold & Flu Sinus 12 Hour Ibuprofen & Pseudoephedrine capsules (Pharmacy only) and the new GSL Lemsip Max Sinus All Night Decongestant Spray (0.05% oxymetazoline).

Both the new products will appear in the seasonal campaign alongside Lemsip Max Cold & Flu Lemon and Capsules.

Reckitt Benckiser Healthcare,
Tel: 01482 326151



Sweet enough

SSL has launched a sugar and colour-free version of its Adult Meltus Full Strength Expectorant Formula and has replaced the 100ml Meltus Honey & Lemon for Chesty Coughs with a 150ml family-size version.

The Meltus range offers products for adults, children and babies. Max Meltus TV advertising will support the Adult Meltus for Chesty Coughs and Catarrh variant until January 9 and new seasonal point of sale material is available.

SSL International Plc, Tel: 0161 654 3003





Time to be specific

Nasal congestion may be a common feature of the winter season, but sufferers commonly treat themselves inappropriately with an antihistamine or a multi-action cold remedy rather than a specific decongestant, research by Pfizer Consumer Health has revealed.

To boost awareness of the Sudafed range, which comprises both pseudoephedrine and phenylephrine-based products, Pfizer plans a £3 million package focusing on pharmacy 'hero' products such as Non-Drowsy Sudafed Dual Relief Max and Non-Drowsy Sudafed 12 Hour Relief.

The company is also supporting its Benlyn brand, scheduling a £2.5m marketing campaign of television and print advertising. This follows the brand's recent win in the *Readers Digest* poll. Benlyn was voted the most trusted cough or cold remedy.

Pfizer Consumer Healthcare,
Tel: 01304 616161



4Flu
Liquid



Tixyplus makes its mark

The latest addition to the Tixy family of children's cough and cold medicines, Tixyplus is formulated to treat cold, pain and fever. The 100ml raspberry and vanilla-flavoured oral suspension (£3.49) is a dual-action product to relieve cold and flu symptoms in children aged two to 12 years. It contains diphenhydramine hydrochloride to dry up runny noses and paracetamol to help reduce pain and temperature.

The Tixy range includes Baby Syrup, Night time, Daytime, Chesty coughs and Cough and cold.

Novartis Consumer Health, Tel: 01403 210211



UK's best selling throat spray*



Now available in
new cherry flavour with
the same fast, numbing
pain relief as the **original**
menthol flavour.

No Benzocaine spray is stronger.

Name: Ultra Chloraseptic Anaesthetic Throat Spray and Cherry Flavour Ultra Chloraseptic Anaesthetic Throat Spray.

Legal Category: P Contains Benzocaine. **Indications:** Symptomatic relief of sore throat pain. Further information is available from Prestige Brands (UK) Limited, 3 Scotlands Drive, Farnham Common, Slough, Berkshire SL2 3ES. For sales enquiries, call Jenks Sales Brokers on 01844 293600.

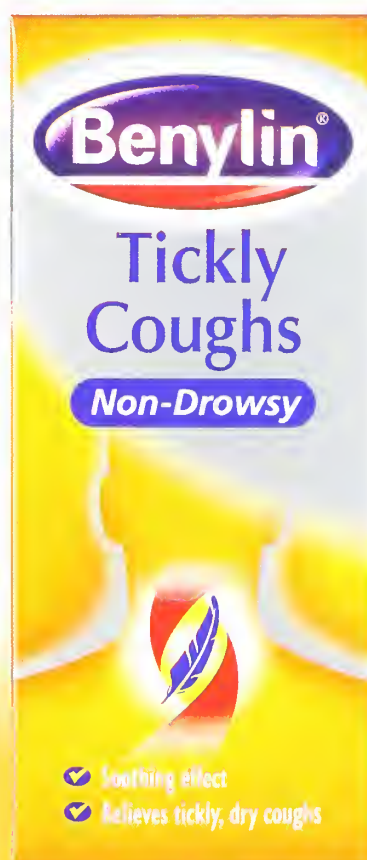
*AC Nielsen Retail Audit February 2004

You'll be tickled pink

Britain's No.1 cough medicine range now treats tickly coughs too.*



Glycerol



Glycerol and Liquid Sugar

Nothing is more effective WITHOUT prescription.

*Source: MIMS Sales 92 w/e 02 Oct 04

Pfizer Consumer Healthcare

BENYLIN CHILDREN'S TICKLY COUGHS PRODUCT INFORMATION: Presentation: Syrup containing 0.75ml Glycerol per 5 ml. Uses: Relief of dry, tickly coughs. Dosage: Children 3 months – 1 year: 5 ml 3 to 4 times daily; children aged 1 – 5 years: 10 ml 3 to 4 times daily; children under 3 months not recommended. Contraindications: Known hypersensitivity. Precautions: If symptoms persist for more than 3 days consult doctor. Pregnancy and Lactation: Not applicable. RRP (ex-VAT): 125ml £2.80. Legal category: GSL. PL Holder: BCM, 1 Thane Road West, Nottingham NG2 3AA. PL Number: 00014/0500. Date of preparation: January 2004. **BENYLIN TICKLY COUGHS PRODUCT INFORMATION:** Presentation: Liquid containing 0.75 ml Glycerol and 1.93 ml Liquid sugar per 5 ml. Uses: Relief of dry, tickly coughs and sore throats. Dosage: Adults and children over 5 years: 10ml 3 to 4 times a day; children 1 – 5 years: 5 ml 3 to 4 times a day; children under 1 year: not recommended. Contraindications: Known hypersensitivity. Precautions: Diabetics should take note of the carbohydrate content of this product. Pregnancy and Lactation: Consult doctor before use. RRP (ex-VAT): 125ml £2.97. Legal category: GSL. PL Holder: BCM, 1 Thane Road West, Nottingham NG2 3AA. PL Number: 00014/0500. Date of preparation: January 2004.

Survival of the fittest

Test your knowledge
Sponsored by
Lifeline
A PICKUP FOR PEOPLE WHO
LIKE A PARTY LIFESTYLE
see page 36



The cumulative effect of all those shopping trips, late nights, rich food and alcohol take their toll and Christmas is a common time to fall ill. But, with a little practical advice, you can help our customers to enjoy a healthier Christmas this year.

Indigestion

Normally, it can take your body 20 hours to fully digest food, but rich and fatty foods can increase this to up to 72 hours. Christmas fare is often much fattier, saltier and spicier than usual and we tend to drink more alcohol, tea and coffee. The stomach becomes bloated, so more acid is produced to digest the food. The food pushes the stomach upwards, while alcohol relaxes the sphincter at the stomach entrance, and this can lead to heartburn.

Useful tips to pass on

steer clear of rich or spicy foods and pickles and alternate large meals with lighter ones

Festive first aid kit

- ✓ Oral analgesics (for adults and children)
- ✓ Topical analgesics
- ✓ Indigestion remedies
- ✓ Hangover cures
- ✓ Anti-diarrhoea remedy
- ✓ Laxatives
- ✓ Plasters
- ✓ Antiseptic lotion
- ✓ Lavender oil for relieving stress
- ✓ The numbers for the local GP, NHS walk-in centre and NHS Direct
- ✓ Make sure anyone taking medication has enough to last through the holidays
- ✓ Cold remedies

While most of us associate Christmas with a chance to relax and enjoy ourselves, it's a real source of stress for many.

Sarah Purcell looks at how advice from the pharmacy can keep customers fit and healthy through the festivities

- a walk after lunch keeps the digestive system moving
- eat fruit after a meal – pineapple contains natural enzymes to aid digestion

Remedies to recommend

For heartburn, try an alginate remedy such as Gaviscon Advance, or one of the H₂ antagonists (cimetidine, famotidine or ranitidine) which are available OTC. Zantac is a ranitidine-based product.

More severe indigestion may be treated with proton pump inhibitors (PPIs) and omeprazole is now available OTC in a 10mg dose (Zanprol).

For acid indigestion, products include Rennie, Setlers, Remegel, or Asilone Antacid. Or try chamomile tea or a teaspoon of grated ginger soaked in hot water for 10 minutes.

Hangover

It's caused by dehydration, the action of impurities in alcohol called congeners and a rise in acid levels in the stomach.

Useful tips to pass on

- alternate alcohol with soft drinks
- choose pale drinks such as white wine or vodka instead of dark ones
- drink water before you go to bed

Remedies to recommend

Fizzy remedies containing citric acid, sodium

AIMS OF THIS FEATURE

- To identify common health problems which occur over the festive season
- To suggest OTC medicines, complementary remedies and lifestyle measures to help
- To suggest a list of products which customers should keep ready for an emergency

bicarbonate and an analgesic help settle a queasy stomach and headache. Products include Alka Seltzer Original or XS, Andrews Plus or Resolve Extra. Tablets and capsules formulated to avert a hangover, include Original Chaser, Chaser for Wine, Thickhead and Lifeline Hangover Defence.

Constipation

Eating larger meals, more fatty foods and alcohol and fewer fresh fruit and vegetables than usual can all cause constipation.

Useful tips to pass on

- drink more water to avoid dehydration
- make time for a walk each day
- serve more vegetables and less meat

Remedies to recommend

For occasional constipation it's fine to use

a laxative such as Dulco-Lax, Ex-Lax Senna, Senokot or Nylax. Advise customers to eat more cereals, fresh fruit and vegetables.

Headaches

All that shopping, rushing around, late nights and worry is a recipe for tension headaches which can last several hours or several days.

● Useful tips to pass on

- plan ahead to avoid last minute panics
- some exercise each day helps ease tension
- gently massage shoulder and neck muscles

● Remedies to recommend

Try a simple analgesic, such as paracetamol or ibuprofen, when you feel the headache coming on or, for more stubborn headaches, a remedy such as paracetamol or ibuprofen with

codeine. Products such as 4head, Kool 'N' Soothe Migraine or Mentholatum Migraine Ice can be used alone or with oral analgesics.

Test your knowledge

Sponsored by

Lifeline

A PICKUP FOR PEOPLE WHO LIKE A PARTY LIFESTYLE

Test your knowledge

Win a bottle of Champagne with Over The Counter

Take a few moments to check what you have learned in our Christmas survival health feature and you could celebrate with a bottle of bubbly. Just tick the correct answers to the questions below, fill in your details and send off the form. The first correct entry drawn on the closing date of December 31 will be the winner.

1 Rich Christmas fare can take much longer to digest. How long can it take?

- a 24 hours b 48 hours c 72 hours

2 Which fruit can help aid digestion?

- a peaches b pineapple c plums

3 Which drinks contain fewer alcohol toxins?

- a whisky or brandy b dark coloured drinks c light coloured drinks

4 How can a walk or other exercise help?

- a it keeps the digestive system moving
b it can help avoid a build-up of tension
c it helps avoid the washing up

WHAT WE HAVE LEARNED

- The stresses and strains of preparing for Christmas can take their toll on health
- Rich and fatty Christmas fare can slow down the digestive process
- Walking or taking some regular exercise can help in several ways
- How to deal with leftover food to lessen the chance of upset stomachs

Upset tummy

Too much rich, spicy food or leftover food which is not reheated thoroughly or is kept for too long, can cause an upset stomach.

● Useful tips to pass on

- avoid all except water for 24 hours
- eat all leftovers within two days
- reheated food should be piping hot all way through and should be served immediately.

● Remedies to recommend

An anti-diarrhoeal (Imodium or Diocalm Complete) will clear up symptoms fast, while rehydration salts replace lost minerals. ©

5 Leftover food should be eaten within:

- a two days b a week c ten days

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your Knowledge, Over The Counter/Christmas survival, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Remember, if you want to enter for more than one of our competitions or giveaways, save postage by putting all your entries into one envelope and mark it November Competitions.

Please tick this box if you do not wish to receive information from CMP Information or, from time to time, from selected third parties. See Contents page for further details.



READER GIVEAWAY!

Christmas and New Year can be a headache in more ways than one! The stress of all the preparation, the pressure of visits from friends and family, not to mention the headache that results from over-indulgence in festive food and drink.

Migra-Cap was developed by a migraine sufferer and is based on cold and dark therapy. Made from a flexible, breathable Lycra fabric, the cap has cold therapy gel sachets sewn into it to target the areas affected by the pain – the forehead, temples, sides and back of the head and sides and back of the neck. It also covers the eyes, so light is excluded.

Stored in the fridge or freezer between uses, Migra-Cap is medication-free and can be used by all the family.

Migra-Cap retails at £39.99, but we have three Migra-Caps to give away free to Over The Counter readers.

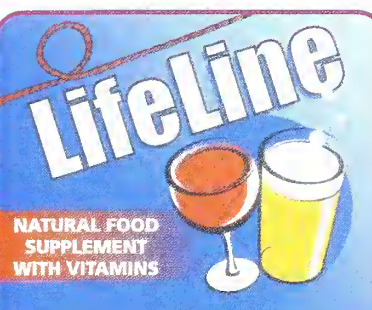
● Just send your name, address and the name of the pharmacy where you work to:

Over The Counter/Migra-Cap Offer, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. The first three names picked at random on the closing date of December 31 will be the winners.

Soothe the Groans

Antacid Liquid contains
magnesium oxide 70mg,
aluminium hydroxide 420mg and
sodium bicarbonate 135mg.
Indications:
relieves heartburn, indigestion,
acid reflux symptoms.
Recommended in
cases of abdominal distension
possibly related to intestinal
obstruction. Further information:
from Thornton & Ross Ltd,
Huddersfield HD7 5QH





Lifeline

NATURAL FOOD SUPPLEMENT WITH VITAMINS

HANGOVER DEFENCE

CONTAINS TWO CAPSULES

Party without the hangover

Lifeline Hangover Defence, the Irish-made hangover preventer, is now available in the UK.

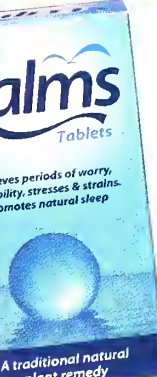
Aimed at people who may drink midweek but still have to work the next day, Lifeline has developed a loyal following in Ireland.

Consumers report that they like the simplicity of Lifeline, which requires them to take just two capsules at the start of the evening.

The company says Lifeline is set to generate significant profits as the Christmas party season approaches.

The product is being supported by a PR campaign using the line 'Drinking tonight? Busy tomorrow? Get a Lifeline!'

Ambe Medical Group,
Tel: 0208 295 4440



Kalm's
Tablets

Relieves periods of worry, irritability, stresses & strains. Promotes natural sleep

A traditional natural plant remedy

Keep Kalm over the festive season

Preparing for Christmas can be stressful but it is important not to be too stressed to enjoy it. Kalm's is an effective, natural remedy, containing a blend of pure plant extracts.

Formulated to relieve periods of worry, irritability and stress, Kalm's is the UK's best-selling natural sedative. It is not habit-forming and can be taken by vegetarians. A pack of 100 tablets retails at £3.99 and 200 at £6.95.

GR Lane Health Products Ltd,
Tel: 01452 507458

Survival products...

Continued overleaf ►

Nice for the nasties

Sugar-free Andrews Plus+ effervescent powder is formulated to relieve the after effects of over-indulgence.

Containing paracetamol and vitamin C, Andrews Plus+ tackles the morning-after nasties such as upset stomach, headache and indigestion in a pleasant orange-flavoured drink. Andrews Plus+ retails in two pack sizes at £2.19 and £3.49.

This year, GSK is also promoting other products, including Zantac, from its GI portfolio.

GlaxoSmithKline Consumer Healthcare,
Tel: 0845 762 6637



Jonny's leg up

Jonny Wilkinson's winning kick in last year's Rugby world cup has earned him accolades including the 'Best legs moment', in a recent Antistax Leg Vein Health Capsules and Cooling Leg Gel poll, tying with Sharon Stone, for her performance in *Basic Instinct*. Kylie Minogye won the Best Legs category, with David Beckham fourth and Wayne Rooney sixth.

According to Antistax, in the average lifetime, a human walks around the world almost four times. No wonder that half of all women experience tired legs.

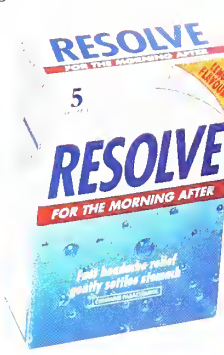


Boehringer Ingelheim Ltd,
Tel: 01344 424600

Antidote to excess

SSL says consumers want the perfect antidote to festive excess – and that is what they get with Resolve.

Resolve, with its analgesic and antacid formula, retails in packs of five (£2.19) and 10 (£3.49), with Resolve Extra, which also contains caffeine, at £2.75 for five and £4.49 for 10.



SSL International Plc,
Tel: 0161 654 3000

Headache relief without pills

4head from Dendron is a topical headache treatment containing 100 per cent naturally-occurring levomenthol.

Adapted into a retractable applicator stick, 4head is applied by gliding the dispenser gently across the forehead. Levomenthol is believed to have central and peripheral effects, reducing sensitivity to pain signals and helping to relax the muscles involved in tension headaches. A 3.6g dispenser (£5.95) can deliver more than 100 applications.

Dendron Ltd, Tel: 01923 229251

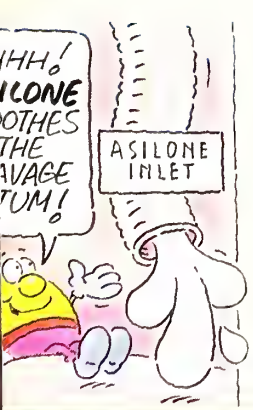


with Asilone

Acid indigestion, heartburn, trapped wind - to your customers it's simply a groaning tummy. Asilone offers fast relief - that's why customers come back for Asilone whenever the groans need soothing. Recommend Asilone - a quick and simple solution for whatever the indigestion problem.

Also available as tablets

The Comfort Zone for Tummy Groans





Partying starts early

An Alka Seltzer survey reveals that almost three quarters of consumers believe the Christmas party season starts earlier each year. And while 5 per cent of people take time off following festive celebrations, the rest soldier on.

Alka Seltzer claims 65 per cent of the over-indulgence market sector in pharmacy and recommends pharmacies to stock up ready to meet extra demand at Christmas.

Alka Seltzer Original is ideal for general over-indulgence in food and alcohol and Alka Seltzer XS offers rapid relief from headache with upset stomach, with added caffeine to enhance the pain-relieving effects.

Both are available in packs of 10 and 20, retailing from £2.19 and £3.29.

**Laser Healthcare,
Tel: 01202 449700**



Setlers expresses TV relief

Thornton & Ross is boosting its Setlers Antacid Tablets with national TV exposure.

On screen in December and January the ads target the key festive indigestion season. The campaign is aimed at adults aged 25-54 and is designed to continue to build awareness of Setlers for the relief of acid indigestion, heartburn and flatulence. Setlers Antacid Tablets are available in rolls of 12 in packs of one, three or eight rolls in peppermint flavour and in spearmint flavour for three or eight rolls (rsp £0.95-£2.99).

Thornton & Ross, Tel: 01484 848200



If diarrhoea strikes...

Diarrhoea can strike at any time and SSL's Diocalm range offers three variants.

Diocalm Complete is described as the only complete branded treatment in a single pack for acute diarrhoea. A pack of six loperamide 2mg capsules and six blackcurrant flavoured oral rehydration sachets retails at £4.99.

Diocalm Ultra capsules are for adults and children over 12, while chewable Diocalm tablets can be used by adults and children over six.

**SSL International Plc,
Tel: 0161 654 3000**



Trust Rennie to do it again

With Christmas the traditional time for over-indulgence, sales of indigestion remedies can rise by around 50 per cent over Christmas and New Year, says Pam Kemp, Roche OTC category manager.

For the fifth year in succession, Rennie will sponsor the ITV Christmas schedule as part of this year's £5 million investment in the brand. Rennie won the 2004 Hollis Award for best media sponsorship

for the creativity, innovation and effectiveness of this sponsorship. It was also voted the most trusted indigestion brand by *Readers Digest* readers.

Roche research indicates that almost 75 per cent of adults suffer indigestion or heartburn but around half do not treat their symptoms.

**Roche Consumer Health,
Tel: 01707 366000**

Full and bloated?

When your customers should be full of Christmas cheer, offer them...



To sort their stomachs out.

Promotional offers and transfer orders online @ Comedis.com

A photograph of a box of Sudafed Congestion Relief capsules. The box is white with blue and red accents. The brand name 'SUDAFED' is prominently displayed in large, bold, black letters. Below it, 'CONGESTION RELIEF' is written in red. The active ingredient, 'Phenylephrine hydrochloride', is listed in smaller black text. A red banner at the bottom of the box features the number '24' in a white circle, followed by the text 'Unblocks your nose' and 'Clears catarrh' in white. The background of the box features a stylized illustration of a person's head in profile, with blue dots representing nasal passages and sinuses.

New packaging now available.

Sudafed. A clear view of a bigger market.

Sudafed are targeting more sufferers than ever before with a £3 million ad campaign to make sure we reach every one of them. The ads show that when Sudafed unblocks your nose, it puts you back in touch with your senses. With this kind of support the only congestion you'll be suffering from will be in your shop. So stock up now.

Unblock your nose. Unlock your senses.

Drowsy Sudafed Congestion Relief Capsules Product Information: Presentation: Phenylephrine hydrochloride 12mg. Uses: Relief of nasal congestion associated with colds and flu. Dosage: Adults and children 12 years: one capsule up to 4 times a day. Not suitable for children under 12 years. Should not be used for longer than 7 days without medical advice. Contraindications: Hypertension, heart disease, diabetes, closed angle glaucoma, hyperthyroidism, prostatic enlargement, phaeochromocytoma and use of MAOIs in the preceding 14 days. Precautions: May increase risk of cardiovascular disease including angina and heart failure. May increase risk of arrhythmias in patients with pre-existing heart disease. May increase risk of arrhythmias in patients with pre-existing heart disease. Pregnancy & lactation: Not recommended. Side effects: Tachycardia, cardiac arrhythmias, palpitations, hypertension, nausea, vomiting, headache and occasionally urinary retention in males. RRP (excl. VAT): 24 £4.49 Legal category: P. PL holder: The Boots Company PLC, Nottingham NG2 3AA. PL number: 00014/0593. Further information available from Pfizer Consumer Healthcare, Walton on the Hill, Cheshire. Date of preparation: July 2003.

Arthritis or

Jeremy Clitherow, MBE
FRPharmS, looks at these
conditions and describes
symptoms and treatments
to relieve their effects

AIMS OF THIS FEATURE

- To identify the difference between arthritis and rheumatism
- To look at various forms of arthritis
- To identify typical symptoms and consumers who may be at risk
- To look at treatment options for both conditions

Rheumatoid arthritis
affects women more
than men, with the
peak age for onset
between 50 and 60



rheumatism?

The terms arthritis and rheumatism are used both casually and interchangeably by the majority of the general public. There is also a widespread misconception that the two diseases are the same but differ only in intensity. Arthritis is perceived to be more severe and is thus a more sympathy evoking condition.

'Trading up' is common; patients prefer to have flu to a cold and arthritis to rheumatism, no matter what the doctor has said to them in the surgery, though he would probably have used generalised terms in his diagnosis anyway.

By definition, arthritis is an inflammation of a joint. Clinically, it presents as a swollen, hot, painful joint, often with restricted movement. In severe cases and after a long duration of active disease, the grating of the bone surfaces can be felt and sometimes heard when articulating the joint.

Rheumatism is a more generalised term and can be used to describe a multitude of conditions in and around the joints. These conditions will include any uncomfortable area around a joint and may involve the supporting musculature, tendons and ligaments.

Arthritis

Osteoarthritis is the most common form of all the arthritic conditions. It is often described as 'wear and tear' because of its increasing prevalence with advancing years and the joints it affects most. Hips, knees, hands, feet and spines are all prone to the processes of wear and ageing. The effect is made worse by excessive weight bearing and repetitive strain. Even the fittest and most athletic are prone to osteoarthritis, often because of the continual and excessive forces they apply to their joints as they exercise. Many retired professional footballers will have been severely and prematurely incapacitated by arthritic degeneration of their knees and feet. Orthopaedic surgery also increases the chance of subsequent arthritis.

The cartilage covering the ends of the opposing bones wears away and is replaced by fresh bony tissue, starting at the edges of the joint. In a normal articulating joint the bone ends are insulated by cartilage, lubricated by synovial fluid and slide over each other without friction, but in osteoarthritis the new bony processes grind against each other, leaving rough and abrasive surfaces. The result is a swollen, hot and painful joint with

a reduced space between the articulating surfaces.

Rheumatoid arthritis is progressive and produces a similar but much more debilitating and widespread joint destruction.

It is now accepted that rheumatoid arthritis is the result of a malfunction in the body's own immune system and modern treatment is based on a combination of pain relief, anti-

By definition, arthritis is
inflammation of a joint

inflammatories and agents to suppress the immune system. Typical sites affected are the hands, wrists and feet. Every pharmacy will have one or two patients with severe rheumatoid arthritis. In the end stages of the disease the patient may be confined to a wheelchair, but, fortunately, with more modern treatments that is becoming rarer than it used to be.

One of the main features of rheumatoid arthritis is known as the 'swan neck deformity with ulnar deviation'. The patient's hands become arched upwards from the wrist and distorted out to the side, away from the anatomical line. The condition is extremely painful while active, but the only saving grace is that once the disease has run its course in a joint, the joint will fuse (with the new bone growth) and become pain-free, though the deformity remains.

There is a proven genetic link in rheumatoid arthritis, and women are affected more often than men. The peak age of onset is between 30 and 50 and it

affects approximately 2 per cent of the population. The disease is characterised by a series of flare-ups and remissions and the aim of treatment is to keep the patient pain-free.

Other types of arthritis are encountered in the pharmacy, one of which is gout. In this condition, uric acid crystallises within the joint, producing an exquisite pain, which the patient will describe as being red hot. The big toe is the most common site and the sufferer will say he cannot bear even the weight of a bedsheet on it.

Ankylosing spondylitis is an inflammatory disease of the vertebra, especially in the lower back. It is familial and tends to present between the ages of 20 and 40. Men outnumber women by a factor of 10.

A fortunately rarely encountered variant is juvenile chronic arthritis. In this condition the patient is an adolescent and experiences a flare-up type of arthritis



Until now there has never been a vegetarian form of glucosamine available in the UK, so now everyone can help to maintain mobility of their joints by supplementing their diet with High Strength Vegetarian GlucOsamine from Health Perception, a convenient and readily absorbed form of glucosamine HCL formulated with Manganese.

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www.health-perception.co.uk



Counselling points

- Keep moving – gentle exercise helps; strenuous exercise doesn't
- Take tablets in the recommended dose and at the frequency on the label
- Paracetamol is the first choice all rounder for young and old alike
- NSAIDs are contraindicated for gastro patients and asthmatics
- Combination analgesics are very good for the occasional breakthrough pain
- Don't hoard any Cox-2 medication
- Being overweight puts an excessive strain on joints



- Remember the sportsman's mantra RICE = Rest, Ice, Compression and Elevation
- Recent reports show that many falls in the elderly are due to poor footwear; remember consultant rheumatologist Dr John Dillon's ambition – all grannies wearing trainers

with many joints being involved simultaneously. Luckily, most grow out of it.

Psoriasis patients are also prone to developing an arthritic condition known unimaginatively as psoriatic arthritis. Approximately 10 per cent of psoriasis patients will develop this and report pain and discomfort with their sacro-iliac joint (where the spine joins the pelvis – not to be confused with hip pain).

One particularly difficult condition to diagnose is Lupus. It is classified as a connective tissue disorder and is closely linked with the immune system. A Lupus patient will display transient symptoms of pain, especially in the hands, flushing, weakness, skin disorders and hair loss but may never be properly diagnosed.

Rheumatism

The term rheumatism is usually applied to the aches and pains we all experience from time to time as we move around, and, as we all know, the older you are the more of your various bits and pieces begin to ache.

In rheumatism, the major difference from arthritis is that soft tissue is affected. Examples of rheumatic pain would include conditions such as tennis elbow and golfer's elbow, where the tendons attaching to the strong muscles in the forearm which are responsible for gripping the racquet or the club become inflamed. A frozen shoulder is an extreme example of a stiffening joint, but the principle is the same. Carpal tunnel syndrome is the condition where the nerve passing through the carpal tunnel in the wrist becomes compressed. Symptoms vary from pins and needles to painful shooting pains.

Plantar fasciitis is caused by an inflammation of the ligaments in the sole of the foot. Sufferers will describe the pain in their heels as being akin to walking on red hot coals. Similarly, the Achilles' tendon at the back of the ankle can be affected, making walking difficult to impossible. If the bursa – the capsule around the joint – is inflamed, the condition is known as bursitis. Fibrositis is another generic term frequently applied to indeterminate joint site discomfort.

Test your knowledge

Win a bottle of Champagne with Over The Counter

Check out what you have learned in our arthritis and rheumatism feature and you could win a bottle of bubbly. Just tick or circle the answers to the following questions, complete the form with your name, address and the name of the pharmacy where you work and send it off. The first correct entry drawn on the closing date of December 31 will be the winner.

1 The most common arthritic condition is:

a rheumatoid arthritis b gout c osteo arthritis

2 Osteo arthritis is made worse by:

a weight bearing exercise b repetitive strain c a sedentary lifestyle

3 Rheumatoid arthritis is recognised to result from:

a immune system malfunction b over exercise c strenuous exercise

4 Rheumatic conditions include:

a bursitis b carpal tunnel syndrome c frozen shoulder

5 Which of the following could be used as a first line of defence against rheumatic pains?

a aspirin b ibuprofen c paracetamol

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your Knowledge, Over The Counter/Arthritis and rheumatism, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. Remember, if you want to enter for more than one of our competitions or giveaways, save postage by putting all your entries into one envelope and make it November Competitions.

Please tick this box if you do not wish to receive information from CMP Information or, from time to time, from selected third parties. See Contents page for further details.

Treatment

All patients with rheumatoid arthritis will be under the care of the GP and probably a hospital consultant too. Conventional therapy will combine anti-inflammatories with painkillers and titrate the doses of the two to achieve remission and freedom from pain.

Flare-ups will be treated with more aggressive therapy aimed at arresting joint destruction. Typical drugs will include anti-inflammatory steroids such as prednisolone and disease modifying anti-rheumatoid drugs such as methotrexate (extra care needed – ask your pharmacist), azathioprene, gold salts, penicillamine and sulphasalazine. These drugs are all the province of the specialist.

Rheumatic pains are eminently treatable by OTC medication. Paracetamol should be the first line of defence, but it must be given in therapeutic doses and taken every four to six hours for the best effect. There is absolutely no point in being the martyr here; breakthrough pain will stop the patient moving about, the joints will stiffen and the quality of life will go down – unnecessarily.

The non steroidal anti-inflammatories (NSAIDs) are all very similar in action. The major differences are in their side effects. For effective treatment, they must also be taken at full therapeutic dose and almost religiously for a prolonged time or there is little or no advantage over the pain-killing effect of paracetamol, no anti-inflammatory effect and many more side effects. Well known side effects are gastric irritation, even to the extent of ulceration and bleeding, nausea and the potential to trigger asthma attacks in susceptible patients. Aspirin is often overlooked – it too is an NSAID.

A potential solution to the gastro irritant effect of NSAIDs was the introduction of the so-called Cox-2 non steroidal. The 'cox' refers to cyclo-oxygenase, the enzyme system which is responsible for blocking the metabolic pathway leading to the inflammation. The brand leader of this class has recently been withdrawn on the grounds of safety. ©

WHAT WE HAVE LEARNED

→ Arthritis is an inflammation of a joint and can take several forms

→ Rheumatism is the term often used to describe numerous problems in and around joints and may involve muscles, tendons and ligaments

→ The difference between osteo and rheumatoid arthritis

→ POM, P and OTC medicines used to relieve arthritic and rheumatic pain

→ Sufferers may find relief from some forms of complementary therapy



Heating up the Nurofen brand

Crookes has extended its Nurofen range with a Back Pain Heat Patch.

Targeting the 2.5 million British people thought to suffer daily back pain, the adhesive patches contain natural minerals which heat up on exposure to air, providing up to eight hours' soothing relief from back aches, neck, shoulder or general muscular pain.

Packs of two retail at £4.50 and can be used with the ibuprofen-based Nurofen range, which now includes new sustained release format capsules. Nurofen Back Pain SR Capsules contain 300mg ibuprofen and are in packs of 12 and 24 retailing at £3.04 and £5.65.

Crookes Healthcare Ltd,
Tel: 0115 953 9922



Pain relief without pills

Painkillers with anti-inflammatory ingredients such as ibuprofen (NSAIDs) can help ease pain and reduce inflammation.

Market leading Ibuleve, which contains ibuprofen, is applied directly to the skin and is rapidly absorbed to relieve pain fast and effectively. A clinical study shows that the Ibuleve Gel formulation can match the speed and efficacy of ibuprofen tablets in relieving pain and the topical application minimises the likelihood of side effects which can be experienced with oral products.

The Ibuleve range includes the original gel, Maximum Strength Gel, Spray and Mousse formats.

Dendron Ltd, Tel: 01923 229251



Jointcare to the Max

Seven Seas hails its new JointCare Max as a breakthrough product for joint health.

Aimed at consumers over 60 suffering general joint wear and tear or specific conditions such as arthritis, JointCare Max (£19.99) is a

two-pill treatment containing maximum strength glucosamine and cod liver oil, plus marine collagen designed to combine to repair damaged cartilage and other connective tissues, reduce inflammation and strengthen connective tissues. The product is designed to hit problems fast so consumers may later move on to another product in the range.

Seven Seas Health Care Ltd, Tel: 01482 375234

Panadol brings you back to life

Panadol Tablets, containing paracetamol, offer effective pain relief from conditions such as mild arthritis as well as backache and rheumatic and muscular pain. They are also indicated for neuralgia, toothache, period pain, headache, tension headache, migraine and the symptoms of colds and flu.

The tablets are suitable for all the family including asthmatics, breast-feeding mums, the elderly and children aged six years and over (capsules 12 and over).

GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637



Products



Slendertone helps manage back pain

Slendertone is entering the consumer healthcare products market with Baxolve, a device for the management of lower back pain.

The product combines Transcutaneous Electrical Nerve Stimulation (TENS) therapy with a lumbar support belt and can be worn for up to eight hours a day. Baxolve retails at £129.00.

Slendertone,
Tel: 0870 850 1972

Seatone stands out



Seatone, the world's best-selling New Zealand green-lipped mussel extract, has new, updated packaging to help it stand out from the shelf.

The supplement has more than 30 years of independent scientific research which, says Chefaro, supports its beneficial effects for joint care. Seatonone can be taken alongside anti-inflammatory drugs or NSAIDs if required.

Seatonone Super Strength (350mg) is available in packs of 50 and 90 and new Maximum Strength (500mg) is in packs of 30.

Chefaro UK Ltd, Tel: 01480 421500

Drug-free relief

It has long been recognised by arthritis sufferers that mild compression and support of an affected joint, together with gentle warmth, can significantly reduce pain and enhance mobility, especially in the hands.

Thermoskin's range of clinically tested arthritis supports for knees, elbows, ankles, wrist, back and hands offer long-term pain

relief and improve mobility without the need for drugs. Velcro openings allow easy adjustment without affecting mobility and the inner lining, Trioxon™ which is exclusive to Thermoskin, maintains comfort even after hours of wear. There is more information on the website www.thermoskin.co.uk

Distributor: Sea-Band Ltd, Tel: 01455 639750



over the



Eucerin®

DRY SKIN

Skincare



THE COLLEGE OF
PHARMACY PRACTICE

This tutorial has been designed to meet the requirements of the College of Pharmacy Practice in providing one hour of postgraduate education towards the College's continuing education requirement

Successful treatment of dry skin relies on customers knowing how to treat the condition. This tutorial examines the causes of dry skin and outlines advice pharmacy assistants can offer their customers

Objectives

- To be aware of the causes of dry skin
- To be able to advise on the types of emollients available
- To be able to advise customers on how to use emollients
- To be able to recommend how to use topical steroids with emollients
- To understand the role of urea in skin hydration

Dry skin is caused by abnormal water loss from the top layer of the skin, which causes cell shrinkage and the formation of cracks. Extreme weather conditions may contribute to the problem, but it is important to remember the condition has many causes. These can include hormonal changes, illness, drug treatment and skin conditions such as eczema and psoriasis, as well as sunbathing, diet and use of 'drying' wash products (which can strip out the skin oils).

The elderly tend to be affected because of reduced production of skin oils (sebum) associated with ageing. Dry skin is also common in children under 10 as their subcutaneous glands haven't completely developed.

To effectively treat dry skin conditions, it is essential to use emollient preparations regularly and correctly. Emollients work by soothing and putting moisture back into the skin. Those containing natural moisturising factors (NMF) are particularly effective.

In addition, in the absence of sufficient levels of natural oils in the skin, emollients form a barrier to reduce water loss from the skin. Restoring the barrier function of the skin is important in preventing inflammation and further irritation.

Choosing and using emollients

Emollient preparations may be divided into the following categories:

- **Ointments** – heavier, oil-based products that form an effective barrier on the skin, eg, emulsifying ointment. However, they do not absorb into the skin easily and can be difficult to wash off, so people may find them cosmetically unacceptable for use during the day or on exposed areas such as the face.
- **Creams and lotions** – lighter mixtures of oil, water and sometimes emulsifiers that are absorbed into the skin, are more pleasant to use and wash off easily, eg aqueous cream. Emollients can be used to treat dry skin conditions and can be applied as frequently as necessary.

- **Wash products and bath additives** – non-lathering alternatives to conventional soap and wash products (these strip the skin's natural oils and can aggravate dry skin conditions). Emollient bath additives leave a fine film of emollient on the skin, so can remove the need to moisturise immediately

after bathing. However customers should be warned such products can make the bath surface slippery and for this reason, they should be used with care.

The choice of emollient preparation is an individual one, and customers may need to try a few products before finding one they prefer. They may need different preparations for different areas of the body, or at different times of the day or year.

For example, a heavier emollient may be used on the arms and legs, whereas a lighter cream may be preferred for facial use, and a greasier emollient may be acceptable at night or in the winter, but not during the day or during the warmer summer months.

As well as considering product consistency, customers should be advised to consider product cost, pack size, packaging and ingredients in case the product contains constituents that could cause an allergic reaction. Such substances include fragrances, wool fat derivatives such as lanolin, preservatives, and known allergens such as arachis oil which may cause reactions in people with peanut allergy.

Whichever product they choose, customers should be advised to apply it ideally three to four times a day, or at least twice daily. Some customers may be used to only applying moisturiser when their skin looks or feels dry and be surprised at this recommendation, but they should be reassured that emollients are very safe and cannot be over-used.

The best time to use emollients is immediately after washing when the skin is still damp, so this moisture can be trapped in. Customers should be advised to bathe in warm, not hot, water, and to pat the skin dry instead of rubbing to minimise irritation and further moisture loss, before applying emollients.

Customers should also be reminded to ensure they don't run out of their chosen product(s). As a general rule, an adult who suffers with dry skin on a large part of his or her body will use 500g of emollient a week, and

may find keeping smaller packs in their bag or at work handy for maintaining skin moisture levels at all times. If steroid creams (those that contain hydrocortisone, betamethasone or fluticasone – the last two only available on prescription) are being used, they should be applied thinly before

When to refer to the pharmacist

- Customers who have not suffered with dry skin before
- Customers whose condition gets worse when they use emollients
- Skin that appears to be infected or weeping
- Customers who complain their skin is extremely itchy or painful



Test your understanding

Test your understanding by answering the following questions, then check your answers by phoning our Telephone Marking Service on **08705 800 272** for an immediate result. You will be asked for the Tutorial Number. This tutorial is No32. Just listen to the instructions and press buttons 1 or 0 to indicate your answers. "1" indicates true; "0" indicates false. Please note that calls are charged only at standard national rates.

This module will also appear on the C&D website, www.dotpharmacy.com under 'Education' until December 31, 2004.

If you pass this module, and you want the appropriate certificate for this College of Pharmacy Practice accredited course, complete the form below and send the original (or a photocopy) to: Mary Prebble, Pharmacy Editorial Projects, CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW before January 7, 2005. Please enter your name and status (please tick), pharmacy, address and phone number below:

Name

Address

Technician ☐ Counter assistant ☐

Signature

1 Dry skin is solely caused by conditions such as eczema and psoriasis

☐ True ☐ False

2 Emollients should only be used when required

☐ True ☐ False

3 Emollients can help prevent inflammation by restoring a the skin's barrier function

☐ True ☐ False

4 Ointments do not absorb into the skin as easily as creams

☐ True ☐ False

5 People who suffer with dry skin should bathe in very hot water

☐ True ☐ False

6 Customers should only use one type of emollient product

☐ True ☐ False

7 It is possible to overuse emollient preparations

☐ True ☐ False

8 Topical steroids should be applied as liberally as emollients

☐ True ☐ False

9 Low urea levels in the skin may contribute to dry skin conditions

☐ True ☐ False

10 Emollients containing urea reduce the amount of topical steroid that penetrates the skin

☐ True ☐ False

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using the emollient product on top, as some emollients can have a 'steroid-sparing' effect and increase the steroid's penetration into the skin.

Alternatively, emollients should be applied a minimum of one hour before using topical steroids. It is important to stress that steroid creams should not be confused with emollients, as applying topical steroids liberally may cause skin thinning or, rarely, depigmentation.

Special ingredients

A number of emollient products contain agents called humectants. These draw water from the lower skin layers (dermis) to the top layer (epidermis), thereby increasing the ability of the skin to retain moisture. Examples of humectants are urea, glycerine and lactic acid, and preparations containing these ingredients can be particularly beneficial for those with very dry skin.

In particular, the role of urea in maintaining healthy skin has become clearer in recent years. Intensive research has been conducted by Beiersdorf AG, manufacturers of the Eucerin® Dry Skin range, into the effectiveness of urea therapy on dry skin. A study by Wohlrab has found that dry skin contains up to 50 per cent less urea than normal healthy skin (see graph).

This is significant because urea, alongside the skin's natural oils and proteins, is an essential natural moisturising factor of human skin.

However it is important

to warn customers purchasing urea-containing emollients that the ingredient increases the penetration of steroids into the skin, so they may need to reduce the amount of topical steroids they use.

For more information, ask your pharmacist, refer to your assistant training material, or try the following websites:

www.skinarecampaign.org

www.eczema.org - the National Eczema Society.

www.eucerin.co.uk - the Eucerin website

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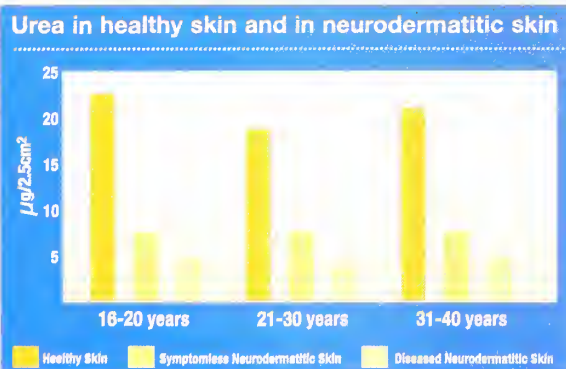
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Sex bombs

Did you know there are at least 25 sexually transmitted infections (STIs)? Consultant pharmacist **Mary Allen**, FRPharmS, finds out more

AIMS OF THIS FEATURE

- To identify the most common sexually transmitted infections
- To identify the various symptoms and treatments
- To find out how the risk of infection can be reduced or eliminated
- To see how the pharmacy can help to inform and educate customers

I was amazed when I first heard just how many STIs there are. But it's true. It is also true that the incidence of STIs is rising – a report a couple of years ago revealed that STIs had doubled over the previous 10 years.

And there is no sign of things improving. In July this year, the Government reported a further increase of 4 per cent in STIs, with a 9 per cent increase in chlamydia, the most common infection.

STIs did decline in the late 1980s and early 1990s following Government publicity about HIV/AIDS. But since then there has been a dearth of high-profile campaigns to encourage safer sex.

Let's take a look at some of the more common infections.

Chlamydia

Chlamydia is the most common STI in the UK. Some experts believe 10 per cent of people aged between 16 and 24 may be carrying the disease, unaware of the dangers and putting the health of a generation at risk.

Chlamydia can affect anyone of any age who has sex. But less than five years ago, few people questioned in a national study knew what it was.

It is often passed on through vaginal, anal or oral sex, or by sharing sex toys. It is not spread by sitting on toilet seats, sharing baths, towels or swimming pools. It is easily treated.

Symptoms include:

- unusual discharge from the penis or vagina
- pain when urinating

- bleeding between periods
- testicular pain or swelling
- pain during sex
- low abdominal pain

However, more than 65 per cent of women and 50 per cent of men with chlamydia have no noticeable symptoms. If untreated, chlamydia can spread to other parts of the body, causing pelvic inflammatory disease and serious fertility problems. Newborn babies of infected mothers may themselves be infected, developing eye infection or even pneumonia.

One possible consequence of chlamydia is Reiter's Syndrome, which causes inflammation of the eyes, joints and urethra (the tube leading from the bladder to the outside world). More commonly, it can lead to infertility in men.

Tests for chlamydia involve a urine sample and a simple swab and the infection is easily treated with antibiotics. Partners must be treated too, to prevent re-infection.

Gonorrhoea ('The Clap')

Cases of gonorrhoea doubled in the 10 years up to 2002, and, depressingly, many of the new cases were young people, including females under 19.

Fortunately, 2003 showed a slight decrease in cases, mainly due to better and quicker treatment at GUM (genito-urinary medicine) clinics. Symptoms are much the same as for chlamydia, with the added delight of yellow/green vaginal or penile discharge.

Like chlamydia, gonorrhoea is easily treated with antibiotics if diagnosed early.

Syphilis

After the introduction of antibiotics in the last century, syphilis had almost died out in the UK, but sadly cases are once again on the increase, particularly in Manchester and London. Sometimes symptoms go unnoticed,



but one sign of syphilis infection is a painless sore in the genital area which can last between three and four weeks. Syphilis is easily treated with antibiotics, but if the infection is not treated it progresses, with typical symptoms including:

- a rash in patches or over the whole body
- flu-like symptoms such as swollen glands, tiredness, headache and sore throat
- flat, wart-like growths on the genitals

Left untreated, syphilis can affect all the major organs in the body, and can be fatal.

Genital herpes

Genital herpes is a viral infection. Typical symptoms include:

- blisters on or in the vagina, rectum, anus or penis which burst, causing painful sores
- tingling or itching feeling in the affected area
- flu-like symptoms such as swollen glands, headache and backache

Symptoms may develop as early as four or five days after contact with the virus but



increase. Genital warts are passed on through unprotected vaginal or anal sex, by sharing sex toys or direct skin-to-skin genital contact. They may be flat, smooth, small bumps or larger cauliflower-like lumps occurring singly or in groups, in or around the genital or anal areas. They are usually painless but may cause some inflammation. Not everyone with the virus develops visible warts.

Treatment may include using a specially-formulated cream or paint, or sometimes the warts are frozen off or removed by laser treatment or surgery.

The virus remains present in the body, but may not cause any serious health problems. However, some types of the virus are linked to changes in cervical cells which can lead to cervical cancer. These changes occur over many years, so it is important that women have regular cervical smears. OTC wart treatments are NOT suitable for treating genital warts.

HIV and AIDS

HIV stands for the Human Immunodeficiency Virus. This virus damages the body's immune system, making it very weak and vulnerable to illness and infection, causing AIDS (Acquired Immune Deficiency Syndrome). There is no cure for AIDS and it can still be fatal, however, modern drugs can help to slow the damage done by the virus and HIV positive people can now expect to stay healthy for many years with anti-HIV drugs, provided they seek early treatment.

HIV is mainly passed on through transfer of body fluids from one person to another, most usually through unprotected vaginal or anal sex, or through sharing needles when injecting drugs. An HIV-positive woman can pass the virus on to her baby during birth (although there is now effective treatment to help prevent this) or through breast-feeding.

Most people don't notice signs that they are infected, although some may have a flu-like illness shortly after being infected. Symptoms vary and often occur when the immune system is so damaged that other infections begin to cause problems. The only way to know whether someone has the virus is via a blood test which cannot be carried out until three months after suspected infection.

There are now thought to be 50,000 people living with HIV in the UK. Around a third are unaware they are infected.

STI testing and diagnosis

Anyone who fears they have picked up an infection should talk to their GP or visit an NHS sexual health clinic. These are usually attached to main hospitals and provide free check-ups. You don't need to be referred to

Sexually transmitted infections: find out more

- **Sexual Health Clinics/GUM Clinics:** contact details in local telephone directory
- **Family Planning Association (FPA)** or helpline, 0845 310 334. Mon-Fri 9.30am-5pm, Sat 10am-4pm or for website: www.fpa.org.uk
- **NHS Direct Online:** www.nhs.uk
- **SSHA (The Society of Sexual Health Advisers)** at www.ssha.nhs.uk
- **The NHS guide to sexually transmitted infections** at www.nhs.uk
- **The BBC website:** www.bbc.co.uk/1/health/sex/sex_infections.shtml

these clinics by a GP, treatment is free and confidential, and the doctors there won't tell your GP if you don't want them to.

Information about finding local clinics is usually available in the phone book, via NHS Direct, or by visiting one of the websites in the box above. GUM clinics also offer information and advice on healthy sex, and provide free condoms and leaflets.

Where does community pharmacy fit in?

There are lots of opportunities for sexual health promotion in pharmacies. Providing information about STIs and where to get help is a first important step. Check out what information leaflets are available locally and make these available in your pharmacy.

Many young people are unaware that the contraceptive pill doesn't protect against STIs so it's worth considering giving leaflets out with pill prescriptions.

Understanding STIs and how they are transmitted is a big step toward prevention. Condoms, used correctly and consistently during sex, provide good protection. Most STIs can be successfully treated provided they are diagnosed early, but untreated they can cause great discomfort and may result in permanent health damage. ©

WHAT WE HAVE LEARNED

- The incidence of STIs continues to rise in the UK
- The signs and symptoms of the most common STIs
- What someone should do if they suspect they have contracted an STI
- Lifestyle measures to reduce the risk of STIs
- How you can assist customers in getting help

sometimes take several weeks or even months to develop.

There are two types of the herpes simplex virus: type one commonly causes cold sores around the mouth and nose, but it can also affect the eyes, genitals and anal area. Type two mainly causes sores in the genital and anal area but can also affect the mouth and eyes. Genital infection caused by type one is usually milder and less likely to recur than that caused by type two, but laboratory tests are needed to identify which type is present.

Currently there is no cure for genital herpes, although drugs like aciclovir help. As with cold sores, the genital herpes virus remains in the body and further outbreaks may be triggered by stress, or hormonal factors such as menstruation, or even by wearing underwear which is tight or non-cotton.

Genital warts

Genital warts are caused by the human papilloma virus (HPV). This STI is the most common after chlamydia, and is also on the

The knowledge

Cambridge Counterpart is the complete guide to working on the medicine counter

The Cambridge Counterpart training course has given over 13,600 pharmacy assistants the knowledge they need to work professionally and effectively on the medicines counter. It remains the easiest to use and the best value training course for counter assistants.

Counterpart's 15 distance learning modules are accredited by the College of Pharmacy Practice.

How to register

Each assistant must be registered for telephone marking and certification at a cost of £41.13. Each assistant will also need access to a training pack. A pack costs £29.38 and can be used by up to four assistants.

Just complete the application form below and post it to us with a cheque, or alternatively call with your credit card details.



Pharmacist _____

Pharmacy _____

Address _____

Post Code _____

Telephone _____

Fax _____

Course registration fee of £41.13 per person

Name _____ £

Name _____ £

Name _____ £

Name _____ £

Sub total £

Include () sets
modules at £29.38 each £

Total £

All prices include VAT

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A new way

The new NHS pharmacy contract for England and Wales will impact on the services you help provide

of doing things

You may have heard that there is going to be a new pharmacy contract. While you may think this will only be relevant for the pharmacist, you may be interested to know there are some proposals that refer specifically to pharmacy staff.

This article is intended to make you aware of what the new pharmacy contract says about how you will be involved – whether you work on the medicines counter, in the dispensary, or elsewhere in the shop.

The contract due to come into effect from April 1, 2005 will apply only to England and Wales. Scotland and Northern Ireland are developing their own to reflect the differences in the way healthcare is provided across the UK.

Pharmacy owners in England and Wales have already decided the type of contract that they think should operate and have been voting on whether they think the funding for the contract is going to be acceptable.

Assuming that is the case (this feature was printed before the outcome of the ballot was known) you can expect to see some changes being introduced over the next few months.

The new pharmacy contract is based on three levels of services. All pharmacies will be expected to provide what are called “essential services”. The next level, which is seen to provide a more skilful service will be described as “advanced services”. The third level will not be offered by every pharmacy as it will be commissioned at a local level and is described as “enhanced services”.

Currently, pharmacies working under an NHS contract must be open to the public for a minimum of 30 hours a week, but this will go up to 40 hours a week under the new contract.

So let's take a look at the three key parts of the contract and consider what it may mean for pharmacy staff.

Essential services

The essential tier comprises:

- **Dispensing** – pharmacies will be required to keep records of all medicines dispensed, as well as any significant interventions made.



Three new levels of pharmacy service

Aids to help patients take their medicines will need to be supplied when appropriate.

- **Repeat dispensing** – pharmacies will dispense repeat prescriptions and store the documentation if patients require it.

- **Public health** – pharmacies will participate in six campaigns each year involving display and distribution of leaflets. They will also carry out prescription-linked interventions in areas such as smoking cessation.

- **Signposting** – pharmacies will direct patients to the most appropriate source of help.

- **Self-care** – pharmacies will support self-care by managing minor ailments through advice and the sale of medicines.

Records must be kept if relevant.

- **Medicines disposal** – pharmacies will have to sort returned medicines for collection.

- **Clinical governance** – pharmacies will have to carry out audits of clinical services and be able to verify the quality of advice offered to patients, have procedures for giving information to patients, obtaining views and dealing with complaints. Risk management measures must be implemented, which will include staff management, training and development procedures. Data handling must meet legal and ethical requirements. Pharmacies must also carry out patient satisfaction surveys.

Advanced services

The advanced tier (part of the national contract and paid for nationally) comprises:

- **Medicines use review** – pharmacists will periodically undertake a structured review with



patients taking medicines for long-term conditions to identify possible problems. Pharmacists must undertake a competency assessment before offering this service, and the premises must meet minimum standards (details of a nationally-agreed competency framework will be published shortly). Contractors will certify to the PCT that consultation areas meet requirements and this will be verified by the PCT.

Prescription interventions – this is similar to a medicines use review but is in response to a specific issue rather than a periodic check. The same accreditation requirements will apply.

Enhanced services

Enhanced services (commissioned and paid locally) are designed to meet the needs of the local population. LPCs, contractors and PCTs may pick services from the current list or develop their own in response to local need. Currently, enhanced services include: minor ailments schemes; smoking cessation; supervised administration of methadone; needle exchange; anticoagulant monitoring; PGDs (patient group directives) such as the supply of the morning-after pill; and full clinical reviews.

Clinical governance

Much of what pharmacies are already doing is being incorporated into the new contract, and PSNC, the pharmacy body that has been negotiating the new contract with the Government, says that most pharmacies are already at a stage where they will meet the minimum requirements of the essential accreditation. But clinical governance is going to be a core part.

Clinical governance is a term used among the health professions over the past few years – it means making sure that the professional service offered to patients is the best and to the highest standards. This means health

Pharmacies will direct patients to the most appropriate source of help

professionals should be up to date with the latest training, that quality assurance procedures are in place, and that the safety and wellbeing of the patient is put first.

Auditing performance

One of the requirements of this is that pharmacies will have to carry out a 'clinical audit' to look at all aspects of the pharmacy business and ensure that safe practices are observed and systems are in place to ensure patients receive the best professional service.

Pharmacies will also be expected to obtain the views of patients to make sure they are offering the services their patients want and that services are to a satisfactory standard. Among the likely areas to be surveyed are promptness of supply, quality of service and quality of facilities. Each pharmacy will be required to review the survey and consider changes to improve the service offered.

Pharmacists and pharmacy staff will be helping the nation's health improve by giving healthy lifestyle advice, when appropriate. Often this advice will be opportunistic. For example, it could be suggesting to smokers that there is help with smoking cessation services, or it could be dietary advice. More specific advice could be advising diabetic patients about the complications of the disease, such as the

need to ensure good foot hygiene.

Verbal advice can be backed up with written information, such as patient information leaflets. Any advice given should be recorded on the patient's pharmacy record, which should help with the audit and allow future follow up with the patient.

Pharmacies will also be expected to have suitable staff management, training and development procedures in place. This should be something that will benefit everyone working in the pharmacy.

In confidence

Pharmacy staff will be expected to meet data handling and confidentiality requirements. This will become increasingly necessary as pharmacies will be connecting electronically to the NHS once electronic prescriptions are introduced. This means patient data could be subject to hackers or be read by people who should not see the records unless specifically required to assist a patient. The qualifications of all staff providing NHS services will be checked and

references taken. This will be particularly relevant for dispensary staff, or those working on the medicines counter.

There will be a few changes in the dispensary. Repeat dispensing will be

introduced, whereby patients are saved having to go back to the doctor every time they want more of their medicine. The new system will mean that a patient will be able to obtain a batch of prescriptions which the pharmacy can keep on their behalf.

The contract book says pharmacy staff will be expected to educate patients about the repeat dispensing system, and its operation, "including the importance of only requesting those items which are actually required by the patient".

Electronic prescriptions, referred to as ET (or electronic transfer of prescriptions), will be introduced over the next 18 months or so. This could even do away with the paper prescription form you may handle now – so no more end of the month counting and bundling.

The *Drug Tariff*, which sets out how the pharmacist will be paid for each prescription that is dispensed, will be simplified. Other matters in the pipeline include negotiations with the DoH to give pharmacies some protection from abusive or violent patients or customers. Your employers have been deciding whether the proposed funding is suitable. But there is a strong feeling among pharmacists that the contract is the way forward as it makes much better use of pharmacists' and your skills in helping deal with the overburdened NHS. For more information: www.psnc.org.uk

Y ou might be forgiven for thinking that clinical governance is just one of the eight essential services being introduced in the new pharmacy

contract and, therefore, nothing really to do with you. However, you'd be wrong.

The clinical governance in the new pharmacy contract is just one product of a far-reaching Government strategy put in place in 1998 to introduce a systematic approach to the delivery of high quality healthcare. As such, it is something that everyone working in pharmacy, or, in fact, in any other branch of healthcare in the UK, now has a duty to deliver.

In light of all the Government's strategies for achieving clinical governance, the Royal Pharmaceutical Society (RPSGB) has spent a great deal of time looking at overhauling its own responsibilities and procedures in order to maintain its authority as the UK registrar and regulator of pharmacists.

As part of this self-examination, the RPSGB also identified pharmacy technicians as playing an integral role in helping pharmacists achieve their own hopes for new and enhanced roles within the healthcare team.

Following a four-month consultation on the regulation of pharmacy support staff in 2002, the Society's Council decided in December of that year that all technicians should have to register with the Society. It was decided that this should begin in 2007, subject to appropriate legislation being in place.

In terms of technicians' qualifications, the RPSGB has decided that registering technicians should be able to meet the standards of the Scottish/National Vocational Qualifications (S/NVQ) level 3 in pharmacy services, and supply evidence of a minimum of two years' relevant work-based experience in a pharmacy.

Are you a grandparent?

The RPSGB acknowledges that there are a number of experienced technicians who, for one reason or another, will not actually hold the S/NVQ Level 3 qualification, and for these technicians it has put in place a grandparent clause and/or transitional arrangements to enable them to register. These are likely to remain in place until at least the end of 2007.

Under this arrangement, technicians holding an approved qualification other than S/NVQ3 (see www.rpsgh.org.uk for the list) can apply to register providing they have proof of relevant work experience

Technicians register

As a new register for pharmacy technicians is due to open on January 1 2005, we look at why this is necessary and how you can get involved

countersigned by a supervising pharmacist. Technicians holding an approved qualification can also register if they can provide proof of practice within a range of defined generic competencies and within the *Code of Ethics*. This will be subject to screening by a panel of assessors.

The RPSGB says it has also put in place options for those with borderline qualifications or those needing a top-up training programme.

For those wishing to register earlier than 2007, the Society is allowing voluntary registration, and is setting up a Register of Pharmacy Technicians from January 1, 2005.

What this means

As a registered pharmacy technician, you will have to undertake continuing professional development and you will have to adhere to the Technicians' *Code of Ethics* – just like your pharmacist. The *Code of Ethics*, which was agreed in August following a four-month consultation earlier in the year, covers key areas such as:

- Responsibilities
- Standards of professional performance

- Professional competence
- Confidentiality

You will also have to pay an initial registration fee and, on January 1, a yearly retention fee. This is also payable with your initial registration. Details at www.rpsgh.org.uk/pdfs/techregfeestruct.pdf

What you get in return

The RPSGB believes that regulating and registering pharmacy technicians will benefit the public, patients and technicians in the following ways:

- Professional recognition
- Independent regulation
- Protection of title
- Defined standards of professional conduct
- Upholding the reputation of pharmacy technicians
- Maintaining professional competence

The RPSGB will not, however, be taking on a representational role on behalf of technicians. The Association of Pharmacy Technicians UK, the recognised political, professional and representative voice, will carry this out for pharmacy technicians in all sectors of pharmacy (www.aptuk.org). ©

Clinical governance: a definition

"A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish"

Source: The NHS Foundation Agreement





You can't recommend a stronger painkiller.

PRODUCT INFORMATION FOR NUROFEN PLUS

Nurofen Plus: Each tablet contains 200mg ibuprofen Ph Eur and 12.8mg Codeine Phosphate Ph Eur. **Indications:** For the relief of pain in such conditions as rheumatic and muscular pain, backache, neuralgia, headache, dental pain, dysmenorrhoea, feverishness, symptoms of colds and influenza. **Dosage and administration:** Adults: one or two tablets every four to six hours. Do not take more than 12 tablets in 24 hours. Not for use by children under 12 years of age. Elderly: No special dosage. **Contraindications:** Patients with existing, or a history of, peptic ulceration. Hypersensitivity to any component of the product, aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). Patients with a history of asthma, bronchospasm, urticaria, associated with aspirin or other NSAIDs. Hypersensitivity to codeine, respiratory depression, chronic constipation. **Precautions and Warnings:** Caution is required in patients with renal, cardiac or hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of any NSAID. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. The elderly are at an increased risk of consequence of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. Nurofen Plus tablets should be used with caution in those with hypotension and/or hypothyroidism. The tablets should be used with caution in patients with raised intracranial pressure or head injury. The label will state: Do not use if you have ever had a stomach ulcer or are allergic to ibuprofen (or

any of the ingredients of the product) or aspirin. If you are allergic to or are taking any other painkiller, pregnant or suffer from asthma speak to your doctor before taking Nurofen Plus. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist, consult your doctor. The label will state: (On outer pack) Do not take every day for long periods of time unless told to do so by your doctor. (On Patient Information Leaflet) Do not take more than the stated dose of this medicine. Regular use for longer periods may result in symptoms such as restlessness and irritability when you stop taking this medicine. If you find you need to use this product all the time, see your doctor straight away. **Side effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm, dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema, and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal - abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastro-intestinal bleeding. Renal - Papillary necrosis which can lead to renal failure. Others - Hepatic dysfunction, headache, dizziness, hearing disturbance. Rarely thrombocytopenia. Side effects of codeine include constipation, respiratory depression, cough suppression, nausea and drowsiness. **Product licence Number:** PL 0327/0082 **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal category:** P MRRP: (12) £2.67, (24) £5.03 **Date of preparation:** May 2004 NFN654



CROOKES
HEALTHCARE

CD 27 November 2004

A supplement to Over the Counter magazine

BEAUTY COUNTER

✎ Making scents ✎ Christmas beauty ✎ Product news

It's a tough job...



LESLEY KEEN REPORTS ON
SOME OF THE BEST PRODUCTS
SHE HAS TRIED IN RECENT WEEKS



Welcome to our first *Beauty Counter* supplement, with more news and features and more chances to try products across the beauty spectrum. We have launched *Beauty Counter* so the whole *Over The Counter* package reflects more closely the multi-faceted job that you do – part healthcare advisor, part dispensary assistant and, importantly, part beauty consultant.

A number of beauty companies are helping us to celebrate the new magazine by putting products into our bumper beauty goody bag. See how you could win this bag and all its feelgood contents by turning to page 13.

And please let us know what you think of the look and the contents of *Beauty Counter*.

Now back to business and some of the nicest things that have come my way in recent weeks.

My long-suffering and endlessly thoughtful husband decided I was looking in need of some TLC and packed me off to Ragdale Hall for a few days' pampering. The trip gave me a chance to recharge my batteries and to check out what's in store for the winner of the *Over The Counter Awards* draw.

All I can say, after a long weekend of pure bliss, is that the winner will be one lucky lady (or gentleman). Set in glorious countryside, Ragdale Hall is a peaceful haven where guests can do as much or as little as they wish. The accommodation is comfortable, the food delicious, the facilities first rate, the staff friendly, knowledgeable and highly professional – and the treatments are sheer heaven. So send in your voting forms when they appear in the next issue of *Over The Counter* and you could be in for a taste of paradise.

Skinceuticals bases its Fine range on prevention, protection and correction. I had heard of the products, but never tried them, before a

trial of the company's C+E Serum landed on my desk. Applied under moisturiser, this potent antioxidant complex is formulated to help diminish fine lines and wrinkles. A couple of weeks' use made my skin feel firmer and look more even.

New from Scottish Fine Soaps is The Botanical Home Spa range. I tried the Body Butter from the Pink Grapefruit, Kiwi and White Tea range and loved the rich, creamy texture and gorgeous fragrance of the product, which softens skin beautifully!

Plantolin is a new Australian wonder-plant to me. I was very impressed with the soothing, healing 12 Hour Body Balm. The range includes products for the face, hands, feet and body.

Hours spent in front of a computer screen mean my eyes often get very tired and this leads to dark circles. The answer, according to Spanish manufacturer Natura Bisse, is Stimul-Eye Active Gel. The clear gel is cooling and refreshing on the skin and it certainly did the trick on my shadowed peepers after a busy weekend.

Celebrity hairdresser Paul Yacomine's new range of salon treatments blend natural oils to rejuvenate hair and give it shine. I tried Micro Finish and just two drops gave my hair a great shine after drying. Paul's marvellous Hair Repair Kit for damaged and chemically treated hair contains Micro Natural Finishing Oils, Treatment Oils and Water Based Nutrient and you sweep two or three drops from each bottle through damp hair. I loved the silver

'oilcan' packaging – and the products inside even more!

Mavala always puts products together beautifully and I love the prettily packed trio sets in festive colours. With solid colour and glitter colours which can be used over them or on their own, they'll add a classy sparkle to any Christmas outfit.



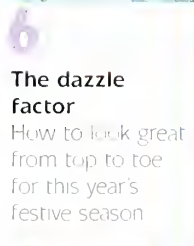
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Your starter for 10

Simon Zussman, MD of Original Additions, talks about fashions, false nails



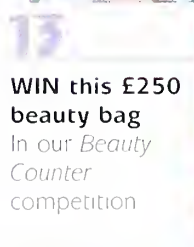
The dazzle factor

How to look great from top to toe for this year's festive season



Making scents of it all

Unlocking the mysteries of the perfumier's art



WIN this £250 beauty bag

In our *Beauty Counter* competition



Market News

The latest product and promotion news



Six of the Best Star Treatment

Products and treatments tested for you

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Braun 2550 Sensor Control Wrist Blood Pressure Monitor

– the easy and accurate approach to self-monitoring blood pressure

The rise of self-monitoring

There's a clear trend towards people wanting to take more control of their health as shown by the phenomenal growth in the personal diagnostics market.

Home-testing kits become more readily available, self-monitoring is becoming more and more popular and the role of the pharmacist is increasingly important as a source of advice for the consumer. It is particularly important for those who suffer from high blood pressure, or who have a family history of high blood pressure, to regularly monitor their blood pressure. Indeed, self-monitoring is one of the first steps to help reduce this along with other lifestyle changes, such as diet and exercise.

Increase of heart disease and hypertension in the UK

Cases of heart disease in the UK are up amongst the highest in Europe, with between seven and ten million people currently suffering from this condition. Hypertension is also on the increase in the UK and startling statistics show that there are 62,000 preventable deaths per year as a result of high blood pressure. In part, this is because hypertension, though a serious illness, is largely symptom-free until it is too late and the circulatory system is damaged. This is why greater awareness is needed, especially as research shows that only one in three British adults actually know what their blood pressure is and what it should be. Greater awareness of this serious condition together with reliable home testing kits, such as the new **Braun Sensor Control BP 2550 Blood Pressure Monitor**, are invaluable in the fight against hypertension. Self-diagnosing is also particularly good for the high percentage of people that suffer from White Coat Hypertension when blood pressure soars as soon as they

step inside a doctor's surgery. Statistics show that 81% of Brits prefer to self-diagnose anyway, which makes home-testing machines vital to the battle against blood pressure.



Professional Accuracy made easy with the New Sensor Control BP 2550

The new monitor has been designed with innovative new features making it one of the most reliable wrist monitors on the market with clinical proven accuracy having passed the standards of independent organisations: the internationally standardised ANSI/AAMI SP10 (Association for the Advancement of Medical Instrumentation) clinical study; and also the protocol of the BHS (British Hypertension Society). The new **Braun Sensor Control** has also won a medical innovation award from the H.G. Creutzfeldt Institute of Kiel "for an innovative medical measuring and diagnostic instrument".

The **Braun Sensor Control BP2550** features unique positioning technology. This ensures that the monitor is in the correct position (in line with the heart) for consistent and accurate readings. The torso icon on the interactive display will show the user how to move their arm to get to heart level and when reaching this position a heart

symbol will appear, a beep will sound and the monitor automatically starts measurement.

Each reading records the user's blood pressure and pulse rate as well as the time and date you take your measurement – storing this within its 60-memory store. The large buttons and display make reading the results simple and the comfort cuff with a wrist circumference of 13.5-20 cm means that is easy to wear. A durable storage and travel case with AAA batteries is also included.

Lisette Cottee, Assistant Business Manager, Braun UK Marketing comments: "We've come a long way from the days when doctors considered wrist monitors not to be as accurate, as they are unsure if the user has obtained the correct measurement position – at heart level. The new **Braun Sensor Control BP 2550 Wrist Blood Pressure Monitor** is as accurate as the auscultatory upper arm used by

doctors, due to Braun's new active positioning system.

"Pharmacists can feel reassured when recommending the **Braun BP 2550** that they are offering their customers a completely reliable wrist monitor that's easy-to-use, and which will help them monitor their blood pressure in between visits to the doctor."

The new **Sensor Control BP 2550** is available through Boots, independent pharmacies and well-known pharmacy chains at around £69.

Stockist enquiries: 0800 783 7010

References

1. ESC Survey 2003
2. Journal of Human Hypertension
3. Mintel Report



Your starter for 10

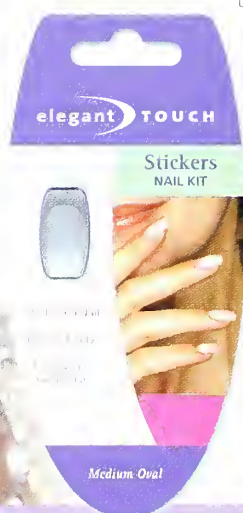
WHEN IT COMES TO FAKING IT, WHO DOES IT BETTER THAN ORIGINAL ADDITIONS? LESLEY KEEN ASKS MD **SIMON ZUSSMAN** TO NAIL DOWN THE SECRET OF THE COMPANY'S SUCCESS

1 When was Elegant Touch 'launched' and by whom?

Elegant Touch was launched by Original Additions in 1979. Since Original Additions was already involved in supplying professional acrylic and gel nails to salons, we saw a trend developing in the USA for home application false nails and, after briefly distributing a USA retail brand of false nails, decided to launch a UK brand that really focused on the UK consumer.

2 What were the first products to be launched?

The first product was a nail tip kit with glue and buffer. The trend in the late 1970s was to create longer length nails so the application was quite easy and allowed the consumer to have longer nails.



The first major advance for Simon's company was the launch of Stickers Nails (above) in the mid-1980s, which transformed the market. This was followed by new technology paving the way for decorated nails (left).

instantly that could then be painted with a favourite nail colour.

3 Where were they sold?

In Boots, department stores, such as John Lewis, and chemist shops nationwide.

4 What have been the major advances and milestones since launch?

The first major advance was the introduction of Stickers Nails in the mid-1980s, which transformed the market and opened up the category to many more consumers. Stickers are full cover nails in various shapes and lengths which are applied with a sticky tab or glue. The next major advance, in 1999, was the development of new technology that created a decorated nail. This meant that we could produce a perfectly decorated French manicured nail in a range of styles. This again has helped to introduce more consumers to the category.

5 How many sets of nails do you sell each year?
That's a secret!

6 What are the most popular styles and colours?

French manicure nails are the best selling style, worn in either pink or bare. Of the

full-colour nails, dark pink and red are the most popular shades.

7 Is there a typical Elegant Touch customer, who is she?

The Elegant Touch brand appeals to women of all ages. However, the core customer is between the ages of 15 and 35, is beauty and fashion literate, keen to try new products and looks for good quality products at affordable prices.

8 What influences purchases?

The latest style developments and fashion trends play a part in influencing purchases, as do celebrities and peers. Word of mouth and PR are also important factors.

9 What are the advantages of false nails over salon acrylics?

The biggest difference is the cost of false nails which is much less than what you would pay for salon acrylics. Aside from the initial costs, acrylics need to be filled every 2-3 weeks as your nails grow, while false nails can simply be removed and reapplied at a fraction of the cost. The ease of application and the convenience factors also play an important part, meaning that styles can be changed very quickly with false nails. Additionally, very little buffing is required when applying false nails compared to salon acrylics, which means the natural nail is not weakened.

10 What are your predictions for 2005?

More and more women will be wearing false nails. Elegant Touch currently dominates the fashion nails market, and will continue to regularly launch new styles to match the season's fashion trends. In this way, false nails will become more of a mainstream fashion and beauty accessory.



FOR TRY FREE

Would you like to try a set of Elegant Touch Truly Natural nails in Flawless French Bare? We have six sets, worth £6.99 each, to give away to Beauty Counter readers. Just send your name, address and the name of the pharmacy where

you work to: Beauty Counter/Nails Giveaway, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW. The winners will be the senders of the first six postcards drawn on the closing date of December 31, 2004.



Give your customers the gift of great skin this Christmas!

Skin Doctors are offering your pharmacy an exclusive retail opportunity. We have created two limited edition starter packs - **Get Sexy** and **Anti-Ageing**. Both offer superb value for money for you and your customers. Perfect as travel sizes and Christmas gifts and ideal for getting your customers to try Skin Doctors.

Get Sexy starter pack

VALUED AT £60!

Your customers purchase it for £29.95(rrp)

a saving of over £30!

You purchase it for £16.57 (ex VAT) -

Buy 6 and get 1 free!



Why your customers will purchase the Get Sexy pack

They can sample:

Perfect Pout (8ml) - Skin Doctors sensational lip plumping serum

Zit Zapper (10ml) - Dries out spots in 8 hours

Blemishfree Pore Minimising Cream (50ml) - for smoother, clearer looking skin.

PLUS!

A Skin Doctors compact mirror

Comes with its very own Skin Doctors cosmetic bag

Why you should stock the Get Sexy pack

- It's a great gift idea
- It's perfect for travel sizes
- **Buy 6 and get 1 free - save £29.95!** (on rrp)

Anti-Ageing starter pack

VALUED AT £70!

Your customers purchase it for £34.95(rrp)

a saving of over £35!

You purchase it for £19.33 (ex VAT) -

Buy 6 and get 1 free!



Why your customers will purchase the Anti-ageing pack

They can sample:

Relaxaderm (15ml) - Australia's best selling alternative to Botox cream

Antartillyne (15ml) - The brand new cream from Skin Doctors that can plump up the skin without collagen injections

Potent C+ Night Cream (50ml)

Potent C+ Triple Strength Serum (30ml)

Potent C+ targets environmental ageing with powerful antioxidant ingredients to give fresher, younger looking skin.

PLUS!

Comes with its very own Skin Doctors cosmetic bag

Why you should stock the Anti-ageing pack

- It's a great gift idea
- It's perfect for travel sizes
- **Buy 6 and get 1 free - save £34.95!** (on rrp)

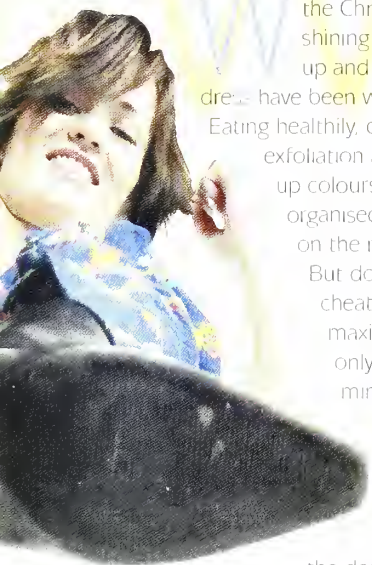
SKIN DOCTORS
cosmeceuticals

Help your customers look their best this Christmas with these best-selling formulas. Skin Doctors orders are supported by free point of sale material and marketing support. Make sure your pharmacy is the first to stock these incredible cosmeceuticals! **Call 0845 408 0652 to place your order.**

THE DAZZLE factor

LET'S FACE IT, THERE'S REALLY NO SUCH THING AS 'EFFORTLESS' GLAMOUR — LOOKING A MILLION DOLLARS IS HARD WORK. **LESLEY KEEN** HAS SOME IDEAS ON HOW TO LOOK GREAT FROM TOP TO TOE FOR THE CHRISTMAS PARTY SEASON





We all know that the women who set off to the Christmas or New Year party with shining hair, glowing skin, flawless make-up and the figure to carry off a daring dress have been working at it all year long.

Eating healthily, drinking plenty of water, regular exfoliation and practice with the latest make-up colours and products mean that these organised super-females have a head start on the rest of us mere mortals.

But don't despair, there are plenty of cheats, tricks and shortcuts to help maximise your glamour factor if you've only got a few weeks, days, hours or minutes to repair a year of damage and neglect. Let's take a look at some of Santa's little helpers.

Regular exfoliation sweeps away the dead cells which make your

complexion look dull, but a face mask is a great quick fix to perk up tired-looking skin. Drink plenty of water to help detox your system and rehydrate skin from the inside and try to eat healthily for a few days before a big party to give your whole body a lift.

Party tricks:

✔ Keep your favourite concealer handy to disguise blemishes, spots and eyebags (see *Six of the Best*, page 15 for our favourites)

✔ Use a radiance booster to give skin a glow

✔ Don't be tempted to pile on the make-up to help disguise dull or blemished skin. Heavy make-up just draws attention to the trouble spots, but a lighter layer of light-reflecting foundation will help give a smoother appearance

✔ If you can't hide problem skin, draw attention instead to sparkling eyes, shiny hair and glossed lips

You might recommend:

Clarins Beauty Flash to boost radiance and lift and tighten skin (other manufacturers offer products designed to have a similar effect); masks from ranges such as Mudd, Christy or the consumer's favourite skincare range – they can be hydrating, lifting, exfoliating or revitalising.

Zap pre-party zits with the Oxy or Clearasil ranges, Overnight Zit Zapper, Arkopharma's Teenstick or Plantolin Skin Blemish Gel.

Hair

Clean, shiny, healthy-looking hair is always a winner, but unless you trust your hairdresser with your life, don't try out a radical new cut or colour just before a big night out. If it's a disaster and you hate it, it will

ruin your evening – and quite a few more afterwards.

Touching up your regular colour, though, is best left until the 11th hour. No one wants to see those telltale roots shouting to the world that red, blonde or caramel is not the colour you were born with.

Whatever the age, length, condition or texture of your hair, there are products to help you achieve the shine, volume, curl or straightness you want, while styling products can be as gentle or strong as you need to keep your style all night long.

Party tricks:

✔ If hair is coloured, products formulated for colour treated hair will help keep the colour from fading

✔ Conditioner or intensive treatments will help restore a healthy shine

✔ For a new look without committing your hair to the scissors, check out some of the decorative slides, clips, clasps and clamps which come with just the amount of glitz and bling you want – ranges such as Lady Jayne offer a wide choice

You might recommend:

Colouring: Wash in, wash out colours such as Wella Shaders and Toners for colour without commitment; L'Oreal's Color Pulse mousse for vibrant colour no one will miss or Couleur Experte with its DIY highlights, Clairol's Loving Care or Lasting Color to help cover those stray greys or Nice & Easy for 'multi-faceted' colour.

Eyes

The eyes are said to be the windows of the soul and they are one of the first things we notice about someone when we meet them. But too many late nights partying, too many long days in front of the computer or too many evenings in front of the TV can leave eyes looking in need of some serious attention – and no amount of expertly applied eye make-up can disguise bloodshot, bleary eyes.

In the UK we still seem reluctant to use eye drop products for comfort or cosmetic reasons. There is, however, a wider than ever range of eye drops for everyday use.

Party tricks:

✔ A white liner inside the lower lashes widens the eyes

✔ A dark line inside the lower lashes and along the upper lashline helps eyes look smoky and accentuates white whites

✔ Widen eyes with a dot of light or iridescent shadow in the centre of the upper eyelid (remember to blend at the edges) and a dot or tiny line at the outer corner of the eye. Add a delicate slick of shimmering colour from a favourite range, such as Miners' new Eye Ball

Koyotakara – Early Night Detox Sachets

After a night of indulgence and before you collapse into bed, just drink a large glass of water and attach a Koyotakara sachet to the sole of each foot. During the night, says the company, the sachets work to remove any toxins present in your body to help relieve feelings of lethargy, headache and dehydration.

Koyotakara is designed to mop up free radicals and toxins, while water helps replace fluid loss and reduce the headache. The key ingredient in the sachets is wood vinegar, or pyroligneous acid, known for its ability to draw out toxins and impurities. Also in the

product are bamboo vinegar, chitin, chitosan, vitamin C, loquat leaf, tourmaline and pure silicate.

A pack of 12 sachets retails at £24.99, but we have three packs to give away to *Over The Counter* readers. If you would like to see how Koyotakara can help you avoid the morning-after miseries and have you raring to go to the next party, just send your name, address and the name of the pharmacy where you work to: *Over The Counter/Koyotakara Offer*, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW to arrive by December 31.



✔ **Protect your eyes** – With the winter eye mask on, you can't blink, so your eye can't get dry. But as you can't blink, you can't see. So, when you're in the hot channel (to your beloved) eye, for a few seconds.

You might recommend:

Drops: Optrex brightening or comforting drops, new Systane, which can be used with contact lenses, Erolene, Rohto V eye brightener, Vital Eyes, or Eye Dew Eye mask, look out for Opal London's glittering or sequin heart-filled masks, Manicare's cooling version of Opal London's gentle, battery-operated Eyezone massager.

Dry, flaky, chapped or cracked lips won't have them queuing to kiss you under the mistletoe, so keep the delicate skin of lips soft and supple by using a lip balm every day.

Party tricks:

- ✔ Smooth flaky lips by applying a thin layer of Vaseline, then brushing gently with an old toothbrush to reveal softer, smoother skin.
- ✔ Line lips with a neutral colour to help stop lip colour bleeding.
- ✔ A smudge of lighter colour in the centre of

top and bottom lips will make them look fuller. **You might recommend:** Nivea and Blistex ranges, Softlips, Palmers Cocoa Butter Formula lipbalm or Barefoot Botanicals balms in four fruity flavours.

Feet

Whether you wear them short or long, square, round or 'squoval', nails should all be about the same length, so encourage weak, flaky or brittle nails to grow with a nail hardener and use special cream or oil to keep cuticles soft and supple.

Party tricks:

- ✔ Buff nails gently to help smooth ridges and give a smart shine without polish.
- ✔ Use a base coat so colour goes on smoothly and a top coat to help prevent chipping.
- ✔ If you break a nail just before going out, reach for the falsies. They can be applied in seconds, fit well and look more natural – or wackier and more outrageous – than ever.

You might recommend:

Implements: Manicare, Nailoid and Original Additions have excellent, affordable ranges. Treatment packs and products: try Mavala,

Manicare, Sally Hansen and Original Additions and Nailoid and Cutipen to soften cuticles. Artificial nails: Original Additions has a great range, with something to go with every outfit.

Feet

It is a sad fact that the degree of comfort of any shoe is in inverse ratio to its stylishness. But it's also true that it's hard to enjoy a party to the full if every step you take is agony.

Party tricks:

- ✔ File away hard skin, treat corns and use a special foot cream every day.
- ✔ Try to wear new shoes around the house in the days before a big night out.
- ✔ If shoes rub, use blister plasters to cushion affected areas and help promote healing.
- ✔ Take the pressure off with cushioning insoles which won't show in party shoes.

You might recommend:

Insoles: New Carnation Tip Toes and Scholl Party Feet offer comfort for your soles without compromising the look of your shoes. Pedicure products: Manicare, Original Additions, Opal London, Mavala and Scholl offer products to pamper feet.



The new French Manicure Pen from Manicare is designed to revolutionise the popular French Manicure category, following last year's successful launch of the company's treatment pen format. The new pen (£4.99) offers the classic favourite manicure finish in a single product. The two-in-one bottle contains 4ml of French Polish at one end to define nail tips, and 4ml of French Pink Polish at the other to enhance the whole nail. Extra long bristles are designed for easy application to provide a sheer, natural and professional finish. The company says the pen format is ideal to keep handy for Christmas party touch-ups and promises two new pens and more new products in the New Year. **Richardson Sheffield Ltd, Tel: 0114 241 9200**




Corn Silk to the rescue

When you need make-up to last from Christmas lunch to evening party, Corn Silk comes to the rescue with its range of translucent powders, powder papers and foundation. Made from a natural walnut shell formula, Corn Silk powder has been proven to be better at absorbing excess facial oil and perspiration than talc-based powders. Earlier this year Corn Silk joined *In Style* magazine's Hall of Fame after being voted a Best Beauty Buy for the fourth year in succession. Corn Silk Powders – in loose or compressed formats – are applied with a puff or brush to help 'fix' eyeshadow, blusher, foundation and lipstick. The range also includes Weightless Foundation and Powder Papers. Retail prices are from £3.99 to £6.75. **The Miles Group, Tel: 01484 536344**



Miners Eye Ball

Just in time for the party season, Miners takes eye colour to a new dimension with Eye Ball. The gentle rollerball action allows easy application of a delicate layer of fine powder eye colour with shimmering sparkles to give an iridescent glow over the lids. Designed for easy application, Miners Eye Ball (£0.99) creates smooth colour with staying power and the no mess applicator is perfect to pop into a handbag at party time. Eye Ball comes in six shades named after popstars – Christina, Pink, Kylie, Missie, Britney and Beyonce. **Paul Murray Plc, Tel: 023 8046 0600**



Cuxson Gerrard & Co Ltd

Tip Toes

Tip Toes Invisible Gel Cushions are designed to prevent pain in the feet, so partygoers can dance all night in their favourite heels. The clear gel, Tip Toes are easy to fit. You simply insert the ultra-thin pads into shoes, with the dimpled side up. The non-slip grip gel means the pads stay in place and they can be used with all high heels and sandals. They can also help relieve the pain of Morton's Neuroma, when the increased pressure on the balls of the feet caused by the wearing of high heels leads to an enlarged pinched nerve and pain between the toes. Tip Toes (£4.49) can be washed in warm, soapy water, dried naturally and reused. **Cuxson Gerrard & Co Ltd, Tel: 0121 544 7117**



Systane

Systane Lubricating Eye Drops

New from Alcon Laboratories are Systane Lubricating Eye Drops for sufferers of tired and dry-feeling eyes. Dry feeling eyes are becoming an increasingly common problem thanks to factors such as increased use of computers, central heating and air conditioning and where people would once have consulted their optician, now they can find relief in the pharmacy. Systane Lubricating Eye Drops (£5.99) offer immediate comfort and long-lasting relief. They contain a unique polymer system which turns the drops into a thin protective gel layer when they come into contact with natural tears. The launch is being supported by pharmacy and optical trade marketing and a consumer PR campaign. **Alcon Laboratories, Tel: 0800 092 4567**

At Last! Not Just Hand Care... *Hand Repair!*

with grapes, healthy vitamins and shea butter to
moisturise, revitalise and protect.


Triple Treat
Softens hands, smoothes cuticles
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soothes and
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Age Chaser
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WHEN IT COMES TO FRAGRANCE,
WE ALL KNOW WHAT WE LIKE AND
DON'T LIKE, BUT DO WE KNOW
WHAT GOES INTO CREATING THAT
EVOCATIVE AROMA? **SARAH
PURCELL** UNLOCKS THE MYSTERY
BEHIND THE ART OF PERFUMERY

Making SCENTS OF IT ALL

oco Chanel, that doyenne of glamour, once said: "No elegance is possible without perfume. It is the unseen, unforgettable, ultimate accessory." Her words still ring true today - women are just as passionate about perfume as ever, spending around £375 million each year on fine fragrances, according to Mintel.

Virtually every perfume ingredient used today is modelled on odour chemicals found in nature. Both animals and plants produce odorous chemicals for different purposes. Animals use them to send out signals to other animals, while plants use them to attract pollinating insects. Perfumers have several ways of taking fragrance ingredients from their natural sources:

Expression This is used for extracting 'expressed' oils from the peel of fruits such as oranges and lemons.

Distillation Steam is used to extract plant oils, which then float on cooled water, making them easier to collect. Examples include lavender, cedarwood, geranium, lemongrass, vetiver, sandalwood and ylang ylang.

Extraction Solvents such as hexane and petroleum ether are used to dissolve the oil, wax and colour in a plant. Then the solvents are evaporated to produce and extract what is called a 'concrete' or 'resinoid'. Waxes in the concrete are removed using alcohol, which is then evaporated to leave a substance called an absolute. Examples include jasmine, rose and oakmoss absolute.

When a perfume is created it can take several forms which vary in price according to their concentration.

Parfum is the purest concentration of fragrance and the most expensive because it contains 20-40 per cent fragrance oils. Some 50 per cent of the fragrance is formulated from the long-lasting base notes which linger all day.

Eau de parfum contains 7-14 per cent fragrance oils, with 30 per cent of the scent lasting all day.

Eau de toilette is the cheapest form of fragrance, containing 1-3 per cent fragrance oils, of which 80 per cent evaporate within three hours.

"Fragrance terminology stems from music, so words such as notes and accords are commonly used to describe them," says Angela Cartwright at CPL Aromas. "Formulations can be very complex so it is easier when describing the aroma to group different raw ingredients into notes. Notes can then be grouped further into accords ie *grapefruit notes* + *bergamot notes* + *lemon notes* could be classed as a citrus accord." Fine fragrances are composed of three notes - top, middle (or heart) and bottom (or base) notes. These relate to the strength of the ingredients.

Top notes contain the most volatile oils, such as lemon, which evaporate quickly from the skin. These are the first impression you'll get when you apply a fragrance and commonly used ones are citrus, green, ozonic and herbal.

Middle notes are made up of longer-lasting, stronger smelling ingredients. Popular middle notes are floral, spicy and fruity. The middle notes will last

for a couple of hours and form the 'heart' of the scent.

Base notes contain the most durable fragrance ingredients, such as vanilla, musk and sandalwood. These will last from three to 24 hours.

According to Angela Cartwright, the following notes are popular in women's fragrances:

Florals - jasmine, magnolia, freesia and honeysuckle

Woods - patchouli and oudh, a Middle Eastern wood resin.

Spices - cardamom, saffron and ginger

Musks - soft, gentle musks.

Here are the compositions of two popular women's fragrances:

Diorissimo - Top notes: bergamot, green grass notes. Middle notes: lily of the valley, jasmine, lilac and rosewood. Base notes: sandalwood, civet musk.

Anais Anais - Top notes: bergamot, leafy greens, pineapple and peach. Middle notes: lily of the valley, jasmine, tuberose, ylang-ylang, rose, orris and heliotrope. Base notes: sandalwood, vetiver, musk, ambergris, oakmoss.

Fragrance is hard to express accurately in words, so manufacturers and advertisers rely on a flowery shorthand to get their message across to consumers. Here's what some of the common terms mean.

Amber - a warm, powdery, heavy fragrance note.

Bouquet - a mixture of different floral notes.

Chypre - a fragrance type that combines fresh notes (usually citrus), with oakmoss and patchouli oil. A popular example is Miss Dior.

Dry down - this is the final phase in the fragrance life, the bottom notes.

Earthy notes - these give the impression of soil, moss and mould. Popular earthy notes are oakmoss, vetiver and patchouli.

Evanescent note - a short-lived note of a fragrance.



TH Foto Werbung/Science Photo Library

When trying out new fragrances, spray on to strips that can be taken home

Chanel No5
Eternity
Anais Anais
Hugo Deep Red
Rive Gauche
Jean Paul Gaultier
J'Adore
Truth
Dolce & Gabbana Light Blue
Hugo Woman

Green notes these are fresh, natural notes, reminding you of freshly cut grass and leaves.
Oriental a fragrance family based on heavy notes such as vanilla and oakmoss. Examples include

Obsession, Shalimar, Opium, Samsara

Powdery this fragrance effect is produced when a sweet, heavy note like vanilla is mixed with a lighter, fruity note like lemon.

The best places to apply fragrance are the wrists, inside of elbows and collarbone. Spraying fragrance on your hair is a good idea too.

To make a fragrance last longer, use the layering concept. This means using the same bubble bath, body cream and parfum/eau de parfum

When trying new fragrances, spray on to strips that can be taken home. Come back, spray on the one you like best and leave it for a day, giving it a chance to develop before making a final choice

Keep fragrances out of sunlight, preferably in their boxes and in a cool, dark place. This will help them to last longer. Try to use up fragrances in six months.

For a subtle, all over suggestion of fragrance, spray a short burst of your favourite perfume into the air and step forward into the cloud of droplets.

In the last year some 250 fragrances were launched worldwide, but not all of these were strictly 'new' "We've seen a continuing trend over the last four years of fragrance houses adding to their popular fragrance brands - seasonal variants, limited editions, updated formulations," says John Ayres, chair of the

Fragrance Foundation. Angela Cartwright believes the high number of launches could ultimately have a negative effect: "I think this rapid rate of saturation and churn means that the consumer is now searching for something more unusual and distinctive to suit their personality and lifestyle. This could see a backlash against big launches that have managed to turn perfume, which was once a special and personal purchase, into a basic commodity."

But there are new trends emerging too. "Florals are still the most popular group in female fragrances, but the new ones we're seeing are transparent and light, such as Beyond Paradise, Armani Mania and Marc Jacobs' Blush. Jasmine has been an especially popular note. Other popular new ingredients we're seeing include pink peppercorns, magnolia, passion flower, pomegranate flowers and lotus blossom, such as in Chanel's Chance, Still by Jennifer Lopez and Moschino Couture," says John Ayres.

The newest trend is for wood oriental fragrances such as Paul Smith London and the new Prada fragrance. "This new group of fragrances is strongly influenced by India and the Middle East, with notes like patchouli oil, agar wood oil being used," he says.

Lancome's Miracle So Magic is described as "passionate, optimistic, playful and young". The floral fragrance has heart notes of narcissus and Bulgarian rose, base notes of clover leaves and musk, and top notes of pepper, green hazelnut and violet leaves.

L'Instant de Guerlain is described as a fusion of the traditional and modern. It uses a new extract - white Magnolia from China - to create a new family of fragrance, called Crystalline Amber. It inverts the traditional top, middle, base note formula and unfolds in reverse order, with each note lingering.

To mark the 20th anniversary of Ysatis, Givenchy has launched a limited edition Ysatis Iris. The fragrance has been given a new lease of life using iris extract.

212 Sexy by Carolina Herrera is billed as a "seductive" scent. It has top notes of citrus, bergamot and rose pepper, floral middle notes and a spicy oriental base with white musk and vanilla.

Paul Smith London for Women is based on warm patchouli notes with lime and neroli. Base notes are aniseed, vanilla and seringa, while top notes are amber and green wood.

Marc Jacob's Blush was inspired by the heady scent of jasmine on a warm summer's day. Heart notes combine star jasmine and Japanese honeysuckle - a totally feminine scent.

Win this fabulous BEAUTY BAG

We're very excited about the launch of the *Beauty Counter* supplement – and so are many of the leading health and beauty companies.

So we have worked together to produce this fantastic bag of goodies worth more than £250 for one *Beauty Counter* reader to win.

All you have to do is send us your name, address and the name of the pharmacy where you work and the first name picked at random on the closing date of December 31 will be starting the New Year with a gorgeous bag of treats.

Many thanks to all the companies who sent us some of their best and most popular products.

The lucky winner will receive a super Antler vanity case complete with fitted mirror and cosmetics bag, plus the following great products to try:

Arkopharma Teen Stick (£3.99), **Sore Lip Stick** (£4.20) and **Migrastick** (£3.99)

Arkopharma UK Ltd, Tel: 020 8763 1414

Audiclean (£5.99)

Passion For Life, Tel: 0800 092 7856

Barkat Rich Fruit Christmas Pudding (£7.95);

Glutano Luxury Ginger Cookies (£2.49);

Double Choc Sandwich Cookies and **Ginger Sandwich Cookies** (£1.99 each)

Gluten Free Foods, Tel: 020 8953 4444

The Botanical Home Spa Bath Bar (£2.95) and **Bath Essence** (£4.95)

Scottish Fine Soaps Ltd, Tel: 01324 558505

Carex hand washes – Passion Fruit & Bearberry, Sea Minerals and Moisture Rich (£1.89 each)

2Z Cussons, Tel: 0161 491 8000

Carnation Tip Toes soft gel cushions (£4.49)

Luxson Gerrard & Co, Tel: 0121 544 7117

Himalaya Gentle Exfoliating Walnut Scrub

(£6.85) and **Gentle Face Wash Gel** (£5.90)

Himalaya (Ed Lateef), Tel: 0800 7351000

Coloniali Velveting Hand Cream (£13.00) and **Coloniali Invigorating Tibetan Shower Cream** (£11.00)

Coloniali Tel: 020 7297 5000

Manicare French Manicure Pen (£4.99)

Richardson Sheffield, Tel: 0114 241 9200

MAVALA Foot Care gift pack (£12.25) and **Gold collection of mini nail polishes** (£8.95)

Mavala UK Ltd, Tel: 01732 459412

From Mentholatum: Softlips Lip Balms in **French Vanilla** (£1.79), **Sparkle Mint** (£1.79) and **Vitamin Enriched** (£1.99), **Migraine Ice Patches** (£2.99), **Rohto V eye brightener** (£3.69); **Rohto Zi Super Moisturiser** (£3.69), **Cutipen** (£3.69) and **Stop 'N Grow** (£3.35)

Pharma Consumer Care, Tel: 01202 314824

Paul Yacomine The Hair Repair Kit (£26.45) and **Micro Finish** (£18.10)

Available through selected Wella salons

Plantolin Skin Vitality Cream (£7.99)

Plantolin UK Ltd, Tel: 0114 2201133

Ramer Premier Collection Sponges –

Bath Sponge (£6.25), **Body Sponge** (£5.75) and **Shower Sponge** (£5.25)

Ramer Ltd, Tel: 01276 63192

Veet Ready to Use Mini Wax Strips (£4.69), **Veet Bikini Kit** (£6.29), **Veet Hair Lightening Cream** (£5.49) and **Veet Bladeless Razor Kit** (£6.99)

Ceuta Healthcare, Tel: 01202 780558

Viora Unwind (£4.99)

Warmways Healthcare, Tel: 01903 889734

Send your name, address and the name of the pharmacy where you work on a postcard or the back of a sealed envelope to: **Beauty Counter/Beauty Bag, Sovereign House, Sovereign Way, Tonbridge, Kent TN11 9RW** to arrive by December 31 2004



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